



TARGETED RESPONSE
WITH YOUTH

RELENTLESS CARING: TRYING SOMETHING NEW

AN EVALUATION OF THE
TARGETED RESPONSE WITH YOUTH
TRY PROJECT

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DRUG & ALCOHOL TEAM

Targeted Response with Youth (TRY) is a collaborative partnership, between Donore Community Drug & Alcohol Team and the TRY Steering Group, to work with hard-to-reach young people in South West Inner City Dublin.

“The strength of the model
is that it can work with people.”

“It’s like as if it’s not a job for the two lads,
they really do care about us.”

“Since I came to TRY I gained a lot of respect for
all the workers, they helped me turn my life around
and helped me get back on my feet and find work.”

“Sustained and relentless contact by staff with participants
have created opportunities for change for
participants with chaotic lifestyles.”

Sláintecare.



Rialtas na hÉireann
Government of Ireland

LIST OF ACRONYMS

AGS	An Garda Síochana
ASB	Antisocial behaviour
BRYR	Ballymun Regional Youth Resource
CDYSB	City of Dublin Youth Service Board
CJS	Criminal Justice System
CAN	Community Action Network
CW	Community Worker
CLP	Community Lynks Project
DCC	Dublin City Council
DSCP	Dublin South City Partnership
DCDAT	Donore Community Drug and Alcohol Team
GA	Gamblers Anonymous
HSE	Health Service Executive
IOB	Intensive Outreach and Bridging
KPIs	Key Performance Indicators
LDTF	Local Drugs Task Force
LPC	Local Policing Forum
LG	Lugna Gatan
NDS	National Drugs Strategy
SGM	Steering Group Member
SIF	Sláintecare Integration Fund
STG	St. Teresa's Gardens
TB	TRY beneficiary
TTM	TRY team member

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See law-and-justice.org and https://www.youtube.com/watch?v=tTfAP_K2c5A&t=1s

EXECUTIVE SUMMARY

Targeted Response with Youth (TRY) is a project developed by an ad hoc group - the TRY Steering Group. It was formed in response to the recognition of a serious problem. Something had to be done about a particular group of young men involved in drug-linked criminal activity and associated destructive behaviours in the Donore Avenue area, especially in and around St. Teresa's Gardens (STG).

TRY started operating in 2017 with a part-time worker funded by Dublin City Council (DCC). With the acquisition of more funding and employment of staff, TRY has formally become a project of and is managed by the Donore Community Drug and Alcohol Team (DCDAT). Based on a Memorandum of Understanding, DCDAT fulfils governance requirements and provides the necessary physical infrastructure and the overarching management structure.

This has enabled the TRY Steering Group and TRY staff to sustain a firm yet responsive focus on the core work. Due to the growth of TRY - it now has a Project Leader and two half-time Youth Workers - and the possible requirements of potential funders, TRY is developing its own legal and charitable entity.

The TRY Steering Group emerged from conversations between DCDAT and the STG Regeneration Board staff and an associated consultant who engaged concerned local and specialist external expertise. The TRY Steering Group recognised that the deterrence effects of punitive policing and estate management responses were limited and frustrating. The Group settled on the idea of trying for a constructive engagement with the targeted young men. After considerable reflection and drawing on experiences in Ballymun (Easy Street project of Ballymun Regional Youth Resource - BRYR), in turn influenced by the Lugna Gatan (Easy Street) model in Sweden, the TRY Steering Group devised a responsive approach which is now called the intensive outreach and bridging (IOB) model.

The essential idea of IOB is not passive but proactive. TRY consciously portrays a belief in the capacity of the targeted young people to create more constructive lives for themselves – hence why TRY works “with” the young people. By intensively and persistently engaging the young people where they are, including street work, and by providing consistent and competent practical supports, mostly in the form of effective bridging to services, the young people have gradually found trust in others and in themselves. TRY is grounded in relational repair, existential healing, hope and empowerment. Step by step, many of the young people have made positive decisions and gradually moved away from destructive behaviours.

TRY initially targeted the specific group of 18–25-year-old males, but gradually realised that there was a more hidden group of young women associated with these young men, so with the leadership of a female TRY worker and the support of the Regeneration Board’s Community Development Health Worker, TRY began engaging and working with these young women. When it was possible to use group-work the DCC-managed Donore Avenue Youth and Community Centre facilitated this. TRY also recognised a cohort of younger males, who were connected to the core group and likely to join them in due course. Work with these highly challenging and marginalised teenagers, who are not involved with any services, is largely group-based. Meanwhile, TRY continues to engage the core target group as individuals mainly through active outreach and street work.

The outcomes of TRY’s work are substantial. TRY has created an identity and culture of working that is recognised and trusted by the relevant young people and increasingly by residents and organisations. Thirty-nine (39) young people have made significant steps towards and actual life changes. The levels of visible drug dealing in St Teresa’s Gardens have dropped significantly and it is likely that TRY is a major contributor to this. The main “gang” congregating in the area has effectively disintegrated. Residents and relevant organisations note significant reductions in Anti-Social Behaviour (ASB) and problematic drug-related behaviours.

The table below summarises specific actions by targeted young people.

TABLE 1: TRY PROJECT OUTCOMES OCTOBER 2019 – SEPTEMBER 2020 (SLÁINTECARE INTEGRATION FUND INTERIM REPORT SUBMITTED TO POBAL OCTOBER 2020²)

GROUP	TRAINING	EDUCATION	EMPLOYMENT	HEALTH	DRUG SERVICES	NUMBER OF OUTCOMES	TOTAL NO. OF INDIVIDUALS WHO ACHIEVED OUTCOMES
MEN'S GROUP	10	10	5	8	11	44	22
WOMEN'S GROUP OUTCOMES	4	3	2	2	2	13	13
UNDER 18S GROUP	1		1			2	4
TOTAL NUMBER OF OUTCOMES	15	13	8	10	13	59	39

The most critical ingredient in TRY's work is the capacity of the front-line workers. They are professionals applying a youth work methodology. The intensity of the work is in large part a reflection of personal commitment and experience. Much of this commitment and also the capacity to connect with the young people derive from the lived experience of the workers. This sort of energy is necessary, but it is not sufficient. It is necessary to have good, resourcing, support and to use the IOB model.



TRY adopts the term “bridging” to reflect the need for a two-way connection with the young people. Highly marginalised and mistrustful of mainstream society, it is necessary for the staff to cross this bridge and move towards the young people. They demonstrate caring and back this up with consistency and competency. TRY workers are careful when bridging young people to a service; efforts must be realistic and effective. Intensity can refer to intense persistence, including ensuring and literally attending appointments with the young person. Initially trust-building took a lot of time and effort. But over time TRY has built an organisational identity and culture that is increasingly recognised. This is leading to many quite quick and important life choices and changes by young people. TRY's work is becoming more efficient in terms of outcomes.

TRY has been a triumph of interagency collaboration. TRY provides a “shared benefit” to a wide range of diverse stakeholders, including, but not limited to: the HSE, the Department of Health, the local Drugs Task Force, Dublin City Council, the City of Dublin Youth Service Board, the Department of Justice and Equality, the Department of Children, Equality, Disability, Integration and Youth, the Department of Education, the City of Dublin Education and Training Board and the Department of Housing. Crucially it responds to the Sláintecare agenda of ‘Right care, right time and in the right place given by the right team’.

The establishment of this culture, identity and trust within a clear and strongly supportive policy framework, now means that TRY has the capacity and the context to expand its work, both in the Donore area and in similar nearby areas. Funding has become the main constraint. There has been substantial support from several individuals and elements of central and local government, but as yet a failure to provide consistent and adequate funding. This may in part

be explained by the fact that TRY responds to a diverse public policy agenda and falls between departmental responsibilities including youth, community, local government, drugs, health and justice.

Sláintecare funding (€100,000) for 2020 was a breakthrough but was only for one year (extended for the first 6 months of 2021 in part due to the impact of Covid 19). TRY needs more and more secure core funding.

RECOMMENDATIONS

- 1) The named stakeholders should take shared responsibility to ensure the continued existence of TRY by providing adequate funding for its continuance and growth.
- 2) Core funding for TRY should be allocated for a three to five-year period.
- 3) TRY should expand into Basin Lane and the Oliver Bond flats as planned, on condition that adequate funding is provided for 2021.
- 4) TRY should incorporate Restorative Practices into engagements with victims and the wider community in an effort to repair past harm caused by TRY beneficiaries.
- 5) TRY staff should receive training about the neurobiological and intergenerational impacts of adversity and trauma on health, relationality and functioning at an individual, familial and community level.
- 6) The TRY model should be replicated by community projects aiming to facilitate recovery from addiction and desistance from crime among vulnerable individuals negatively impacting community safety whom mainstream services fail to adequately serve.
- 7) An appropriate service should be funded to engage in intensive outreach and bridging with under 14s in the Donore Avenue area. At a minimum, there is a need for a well-funded, welcoming Youth Service in the area.
- 8) Holistic, strengths-based, ACE-aware, trauma-responsive early years' services should be a core component of every multi-agency community safety and public health agenda.

INTRODUCTION

Targeted Response with Youth (TRY) is a project managed by Donore Community Drug and Alcohol Team (DCDAT). The work of the project is underpinned by a Memorandum of Understanding between the TRY Steering Group and the DCDAT Management Board. It is the intention of TRY to become an independent legal entity in the coming months.

The project works with people in the Donore Avenue area, in and around St Teresa's Gardens (STG), Dublin 8.⁴ This evaluation aims to capture the achievements, challenges and learnings of TRY since its inception as a pilot initiative using an intensive outreach and bridging (IOB) model in 2017.



As per the terms of reference set by the TRY Steering Group, the evaluation seeks to:

- describe the mission, history and the work of TRY and the model it uses
- describe the context in which TRY is working and its target group
- describe the structures, governance and funding arrangements for TRY
- evaluate the effectiveness of TRY with particular reference to the Sláintecare agreement
- identify learnings, challenges and opportunities for TRY
- make specific evaluation of TRY's response to the COVID-19 challenge
- make observations and recommendations for the future work of TRY

⁴ See <http://stgregen.ie/social-cultural-regeneration/t-r-y/>

The evaluation commenced in September 2020, at a crucial time in TRY's development and planned expansion, both of which are contingent on adequate funding.

EVALUATION METHOD

This evaluation involved a literature review, analysis of documentation (including an earlier Community Action Network (CAN) evaluation, the 2019 Sláintecare Integration Fund grant agreement, the interim funding report to Pobal from October 2020 and data compiled by the TRY team for monthly reports to Pobal) and qualitative research, namely semi-structured Zoom (13) and telephone interviews (6) with key stakeholders involved with the TRY project in the Donore Avenue area.

The interviews took place between September and November 2020. In total 19 interviews were conducted. Members of the Steering Group (including the DCDAT manager, past and present regeneration co-ordinators in STG), the TRY team leader, two TRY outreach workers, one former outreach worker, the TRY administrator, a Dublin City Council (DCC) official, a Health Service Executive (HSE) official, an employment advisor at Dublin South City Partnership (DSCP), a community worker (CW) and an employee of the Community Lynks Project (CLP) in Inchicore were interviewed. Interviews were also conducted with two STG residents and 2 TRY participants, one male and one female. Interviewees were asked about their direct experience of the project and to consider the projects strengths and challenges.

Interviews were recorded, field notes were taken, and oral consent was obtained to use anonymised quotations in the evaluation. Thematic analysis was conducted whereby data were analysed and assigned to codes such as "the area", "the flats", "health", "drugs", "behaviour", "social exclusion", "inclusion", "integration", "funding", "outreach", "relationships", "trust", "safety", "meeting people where they're at", "bridging", "communication", "listening", "needs", "trauma", "care plan", "skills", "benefits", "evidence", "learning", "interagency working", "collaboration", "sustainability", "community", "expansion" and "replication".

The report is presented in eight parts:

- PART 1** Presents an overview of the policy context
- PART 2** Describes the backdrop to the project, including the community safety issues in the Donore Avenue area which TRY seeks to alleviate
- PART 3** Outlines matters related to the governance of the project
- PART 4** Describes the pilot project
- PART 5** Explains the funding arrangements, with a particular focus on the Sláintecare Integration fund, administered by Pobal
- PART 6** Gives a comprehensive account of the TRY model in the Donore Avenue area, describing:
 - the project beneficiaries
 - the staff
 - intensive outreach
 - bridging into services
 - TRY's COVID-19 response
 - positive outcomes attributable to the TRY project
 - the challenges facing TRY
 - planned expansion into neighbouring areas and
 - the merits of replicating the model elsewhere
- PART 7** Contains conclusions
- PART 8** Presents recommendations

Quotations from interviewees are used throughout the evaluation to ensure that findings of the effectiveness of TRY are grounded in the evidence.

1. THE POLICY CONTEXT

The TRY project engages public policy across a wide range of domains including health, education,⁵ housing (see Part 2 below for a discussion of regeneration),⁶ community development and social inclusion, the human rights of children and young people, youth justice and community safety.

In 2017, the cross-party Oireachtas Committee on the Future of Healthcare published the Sláintecare report,⁷ which aims to implement “the all-party Oireachtas vision for the right care, right place, right time”.⁸ The TRY model specifically engages the Sláintecare roadmap in terms of engagement and empowerment of people in the care of their own health, and the emphasis on integrated care and shifting care to the community, which are key aims of the Sláintecare Innovation Fund (SIF),⁹ discussed in detail in Part 5 below.

TRY engages all five goals of the National Drugs Strategy (NDS) 2017-2025

which aims to:

- 1) promote and protect health and wellbeing
- 2) minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery
- 3) address the harms of drug markets and reduce access to drugs for harmful use
- 4) support participation of individuals, families and communities, and
- 5) develop sound and comprehensive evidence-informed policies and actions.¹⁰

Also relevant to the TRY project is the *Framework Policy for Local Community*

***Development*, which contains 5 core objectives:**

- 1) engaging with communities to give local people real influence in the development of policies and strategies that address their communities’ needs
- 2) working with partners to facilitate greater use of existing infrastructures and resources and create dialogue between communities, local and community development bodies, local statutory structures and local government

⁵ S. Weir et al (2017) *Addressing educational disadvantage. A review of evidence from the international literature and of strategy in Ireland: An update since 2005*, (Dublin: Educational Research Centre).

⁶ See <https://www.housing.gov.ie/housing/social-housing/regeneration-scheme/regeneration-schemes>

⁷ See <https://www.gov.ie/en/publication/b14b24-about-slaintecare/> and <https://www.gov.ie/pdf/?file=https://assets.gov.ie/165/270718095030-1134389-Slaintecare-Report-May-2017.pdf#page=1>

- 3) planning for local and community development to create change at a local level, and ensure that resources are matched with locally identified needs and priorities

- 4) effective delivery of interventions at local level
- 5) evaluate the performance, monitor the impact of interventions and review the decisions made regarding resource allocation to those who need them most.¹¹

Better Outcomes, Brighter Futures emphasises the rights and needs of children to have safe spaces in which to play, develop and flourish as individuals,¹² committing to “ensure that health and social planners, commissioners and funding programmes prioritise community-based programmes for those most at risk, experiencing the greatest disparities and with the greatest opportunity for impact and mainstreaming.”¹³ The *UBU Your Place Your Space* funding stream is clearly relevant to the aims and ethos of TRY. The mission of UBU is to “provide out-of-school supports to young people in their local communities to enable them to overcome adverse circumstances and achieve their full potential by improving their personal and social development outcomes.”¹⁴ UBU aims to ensure that:

Young people are free to participate in a wide range of quality activities
 Provision is rights based and young person-centred
 Empowering young people to reach their full potential
 Relationship building
 There is clarity of purpose
 Projects are maximised by promoting efficiency and effectiveness.¹⁵

⁸ See https://twitter.com/slaintecare?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor

⁹ See <https://www.gov.ie/en/publication/ca8a1d-slaintecare-in-action/#integration-fund> and <https://www.pobal.ie/programmes/slaintecare-integration-fund/>

¹⁰ Department of Health (2017) *Reducing Harm, Supporting Recovery A health-led response to drug and alcohol use in Ireland 2017-2025* (Dublin: Department of Health) 93.

¹¹ See *Our Communities: Framework Policy for Local Community Development in Ireland* (2018) (Dublin: Department for Community and Rural Development).

¹² DCYA (2014) *BETTER OUTCOMES BRIGHTER FUTURES The national policy framework for children & young people 2014 – 2020* (Dublin: DCYA) 5 Outcome 1.

¹³ *Ibid*, 34.

¹⁴ See <https://ubu.gov.ie/about>.

¹⁵ *Ibid*.

¹⁶ Department of Justice and Equality (2020) *Draft Youth Justice Strategy 2020-2026* (Dublin: Department of Justice & Equality).

¹⁷ J. Connolly (2019) *Building Community Resilience* (Dublin: Four Forum Network and Dublin City Council), 13. Principle two calls for a balance of care and control in responses.

The *Draft Youth Justice Strategy*,¹⁶ published in May 2020, shifts the focus from responses that are blaming, control-oriented¹⁷ and punitive, towards a more caring, collaborative, whole-of-government, “whole community”¹⁸ approach to tackling the causes of crime.¹⁹ It pledges to provide holistic supports to children and young people with offending behaviour including those who are deemed “hard to reach”,²⁰ adopting a “no wrong door” approach to meeting needs.²¹ It expressly names prevention and early intervention as a “key priority”²² and commits to cross-departmental collaboration to ensure that “the prevention of offending behaviour is mainstreamed into all Government policies affecting children and young people (and their families).”

The draft strategy also aims to promote “relational health” for children, families and communities. An individual’s relational health has been defined as “the presence, quality, and number of relational supports” in their life.²³ The document recognises the value of mentoring schemes²⁴ for promoting healthy relationships with adults who can play a role as emotional buffers in children’s lives. It acknowledges the significance of pursuits such as sport, art, drama and other extracurricular activities.²⁵ Importantly, the strategy extends to young people between 18-24 years of age,²⁶ on the basis that neuroscience evidence shows that the prefrontal cortex (which governs the thinking, “rational” part of the brain, including impulse control) is not fully developed until the age of 24.²⁷ Indeed, David Stanton TD, a political champion of the draft strategy described it as a “joined up approach for zero to 24, right along the way”.²⁸ The document promotes greater use of Restorative Justice²⁹ and envisages comprehensive training on a range of topics for services and staff working with children, young people and families, including about the impact of trauma.

¹⁶ FEMA (2011) *A Whole Community Approach to Emergency Management* (Washington, D.C.: Federal Emergency Management Agency).

¹⁹ Department of Justice and Equality, above note 13, Action 1.1.1, 9.

²⁰ Ibid, Action 1.2.2 (h), (i), (j), (k), at 11 & 12. See also Action 2.8.

²¹ Ibid, 2.

²² Ibid, 1.

²³ C. Ludy-Dobson & B. Perry (2010) “The Role of Healthy Relational Interactions in Buffering the Impact of Childhood Trauma” in *Working with Children to Heal Interpersonal Trauma: The Power of Play*, E. Gil ed. (New York: The Guilford Press) 39.

²⁴ Department of Justice and Equality, above note 13, Action 2.8.1(b) at 23.

²⁵ Ibid, Action 2.2.4.

²⁶ Ibid, Action 2.13, 26.

²⁷ J. Mulcahy (2020) “How to talk policy and influence people”: a Law and Justice interview with David Stanton, TD, available at <https://youtu.be/9IA4JqeeVdQ> at 19 minutes 30 seconds.

²⁸ Ibid, at 21 minutes 30 seconds.

²⁹ Department of Justice and Equality, above note 13, Action 2.3 at 20, Action 2.7.2 at 22, Action 2.8.1(b) at 23.

Connolly's *Building Community Resilience* report, published in 2019, is relevant to the Department of Justice and Equality's ongoing development of a community safety strategy.³⁰ Connolly utilised Garda intelligence to identify "hotspots" and drug-related criminal network activity, including areas of Dublin 8.³¹ One of Connolly's recommendations relates to the adoption of the TRY model as part of a package of measures to enhance community safety. He notes that the outreach workers focus: not on a particular neighbourhood or age-group, or a particular presenting need (such as addiction, unemployment or mental health) but on the group operating as a network at street level, including their families and those orbiting them on the street. If the group moves location, the team follows them.³²

Bowden similarly identified the IOB model as a promising practice in terms of potentially steering young people away from the drug economy.³³ The next section provides an overview of community safety issues in the Donore Avenue area that the TRY project seeks to address.



³⁰ See J. Mulcahy (2020) "How to talk policy and influence people": a Law and Justice interview with Yvonne Furey, available at <https://studio.youtube.com/video/PLh8zNFfpKo/edit/basic> where Ms Furey talks about the "shared benefit" as well as the "shared responsibility" among various government Departments for crime prevention and community safety.

³¹ Department of Children and Youth Affairs (2016) *Lifting the Lid on Greentown – Why we should be concerned about the influence criminal networks have on children's offending behaviour in Ireland* (Dublin: Government Publications).

³² Connolly, above note 14, 16-17.

³³ M. Bowden (2019) *The Drug Economy and Youth Interventions: An Exploratory Research Project on Working with Young People Involved in the Illegal Drugs Trade* (Dublin: Citywide) 31-32.

2. BACKDROP: COMMUNITY SAFETY ISSUES IN THE LOCALITY

TABLE 2: CENSUS ANALYSIS ON HIGH LEVEL INDICATORS³⁴

	STG	WIDER STG AREA	DUBLIN	IRELAND
POPULATION	98	2216	1.347 MILLION	4.761 MILLION
DEPRIVATION SCORE	-26.7	5.2	4.12	0.2
DEPRIVATION CATEGORY	Very Disadvantaged	Marginally Above Average	Marginally Above Average	Marginally Above Average
% OF PERSONS WITH DISABILITY	26.8	13.9	13.1	13.5
% 13-17 YEAR OLDS	12.2	2.8	5.7	6.5
% WITH GOOD OR VERY GOOD HEALTH	68	82		87
% UNEMPLOYED	45			11
% PRIMARY SCHOOL ONLY	25	9.9	8.5	10.3

The Donore Avenue area, encompassing STG, could be categorised as an “adverse community environment”, characterised by high levels of intergenerational adversity and toxic stress.³⁵ It is a socially deprived community with complex needs, inadequate service provision and low expectations for a positive future.³⁶ Early school leaving, unemployment, mental health problems and drug addiction are commonplace. Several interviewees stated that the Donore Avenue area historically suffered from a lack of leadership, vision and innovation.

³⁴ B. Wall (2019), *St. Teresa’s Gardens Health Regeneration Board Health Needs Assessment* (Dublin: St Teresa’s Gardens Regeneration Board), 3.4.

³⁵ W. Ellis & W. Dietz (2017) “A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model” *Acad Pediatr* 17, S86-S93, S87.

³⁶ IPRT (2012) *The Vicious Circle of Social Exclusion and Crime: Ireland’s Disproportionate Punishment of the Poor* (Dublin: IPRT). See also Nialler, “It’s just numbers and stats til it’s your life” – Watch For Those I Love’s video for ‘Top Scheme’, 21/10/20 available at <https://nialler9.com/watch-for-those-i-loves-video-for-top-scheme/>

In his 2019 *Health Needs Assessment* commissioned by the STG Regeneration Board, Wall noted that the Pobal Deprivation Indices categorise St Teresa's Gardens as "very disadvantaged"³⁷ which is "the worst score on the index scale." Wall stated that the situation has been exacerbated by:

*the extended period of time that St Teresa's Gardens has in fact been 'very disadvantaged'. Intergenerational poverty and disadvantage has meant that unhealthy lifestyles and unemployment are persistent at household and community level making this cycle difficult to break.*³⁸

STG, a local authority flat complex built in the 1950s, was as one of 12 estates selected for regeneration³⁹ in 2000. The regeneration process has been active and ongoing for 14 years. The decision by DCC to detenant the STG flats (i.e. move people out) as part of the regeneration process meant that many residents were dispersed to other parts of Dublin.⁴⁰ There were 346 flats in 12 blocks and 10 houses in STG prior to regeneration commencing.⁴¹ Wall states that apart from two blocks, "the original site has been all but demolished and many of the residents have been detanted. The remaining blocks currently accommodate 98 residents in 47 Flats and it is anticipated that that all will move to new on-site accommodation in 2020."⁴² As part of the regeneration plan, there was a realisation that people who were dispersed during the regeneration process also deserved to benefit from it, even if they would not obtain newly built homes in the area.

As a consequence of detenanting STG, a small group of marginalised, hostile and "extremely threatening" young men with external addresses but family ties in STG made it their daily stomping ground for ASB and drug-related activity, negatively impacting the quality of life of residents. As interviewee 4 (SGM) stated "Johnny never lived a day of his life in St. Teresa's Gardens, but he's *from* St. Teresa's Gardens."

³⁷ Wall, above note 31, 2.3. See also J. Casey, "Report shows people in deprived areas have shorter life expectancy than people in affluent areas" *The Irish Examiner* (27/11/19) and https://www.tcd.ie/medicine/public_health_primary_care/research/deprivation/

³⁸ Wall, above note 31, 2.3.

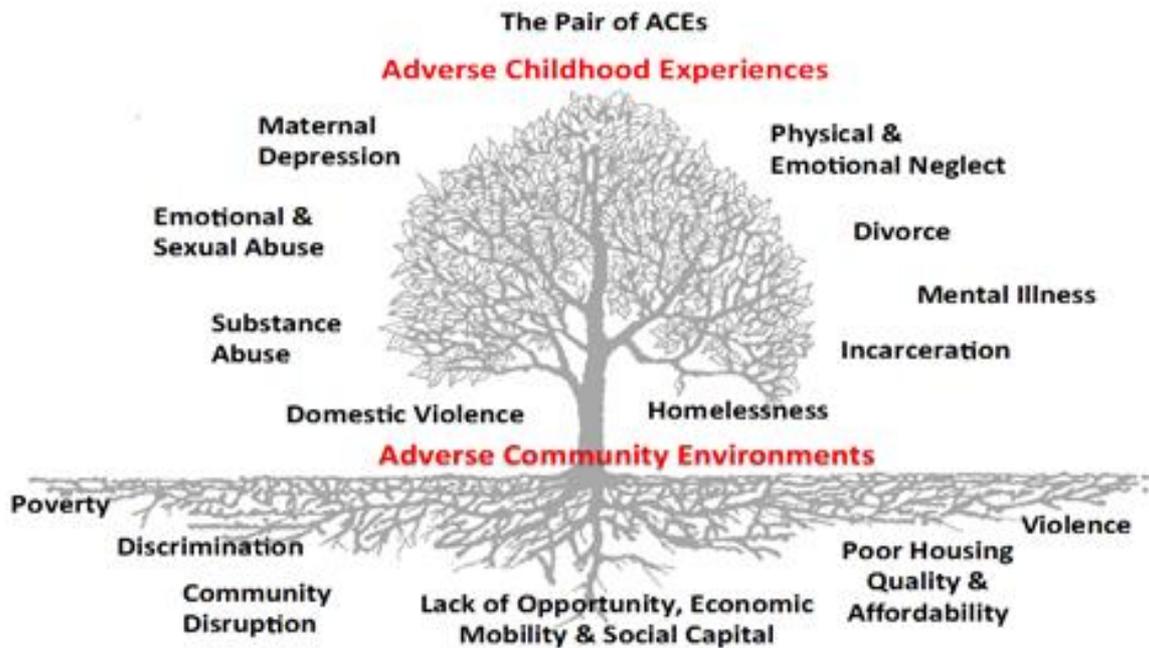
³⁹ J. Donoghue & P. Dorman (2006) *A Regeneration Learning Manual: Dream/Dare/Do* (Dublin: Fatima Groups United).

⁴⁰ See <http://www.dublincity.ie/st-teresa%E2%80%99s-gardens>

⁴¹ Quality Matters (2018) *St Teresa's Gardens five-year social regeneration plan* (Dublin: St Teresa's Gardens Regeneration Board).

⁴² Wall, above note 31, 2.3.

There has been no community development project in the area for several years. There is also currently no mainstream Youth Service. Interviewee 1 (SGM) stated that he “couldn’t believe the lack of services in the area” when he started working in the locality, noting further that communities lacking both an efficient Youth Service from the ground up and dedicated community development work usually had the highest levels of ASB and crime.



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Interviewee 15 (HSE) stated that “there’s an awful lot of research coming out about Adverse Childhood Incidences”.⁴³ Ellis and Dietz’s “Pair of ACEs” graphic clearly locates intra-familial adversities within wider social and systemic adversities such as poverty, unemployment, discrimination, community violence, poor housing and low social and economic mobility. Regarding the prevalence of trauma in the area, interviewee 10 (CW) stated that “there’s an awful lot” in the flats and “it’s still going on”. She stated that when everyone in a household is on drugs “it does something to your soul.”

⁴³ WHO (2018) “Adverse Childhood Experiences International Questionnaire (ACE-IQ)” (Geneva: WHO). The WHO ACE-IQ, developed in conjunction with the US Center for Disease Control for use in all countries, classifies family dysfunction (including domestic violence, addiction and mental health issues), parental death, hunger, physical, sexual and emotional abuse and neglect by parents or caregivers, bullying and peer violence, witnessing community violence, and exposure to collective violence, such as warfare, terrorism and genocide as childhood adversities. See also V. Felitti *et al.* (1998) “The relationship of adult health status to childhood abuse and household dysfunction” 14 *American Journal of Preventive Medicine*, 245-258.

Interviewee 5 (SGM) stated that Mannix Flynn's recent "Land without God" documentary⁴⁴ exposed how institutional abuse "exploded a bomb in working class communities "including certain families in SGT who were directly harmed by having a loved one committed to an industrial school. This has caused "a ripple effect" across subsequent generations.

Interviewee 18 (former TTM) mentioned that institutional trauma leads to a distrust of authority, where the entire community is "in that bubble".

Interviewee 4 (SGM) described STG "as like an economy, a drugs economy that a few people live around". Interviewee 5 (SGM) stated that STG was the "drugs supermarket of the area", especially in the 1980s, while interviewee 12 (DCC) stated that STG "was not a good place to live" due to fear caused by "a mix of gangs hanging around the blocks".

Recourse to control tactics alone had failed to afford the community respite from the drug trade and associated problems.⁴⁵ Prosecution and imprisonment of people involved in ASB and crime has not lead to long-term improvements in the situation for residents and the threat of eviction similarly had no deterrent effect for people living elsewhere.

Interviewee 12 (HM) mentioned that young children "looking at our more colourful characters" - 10, 11, 12 and 13-year old boys and girls - start running drugs for them and are "thrown a pizza" or €20 for playing a part in the drug trade.⁴⁶

It was within this context of exasperation with traditional control methods that the TRY project was born. According to interviewee 15 (HSE), TRY was about "the community taking responsibility for what's happening in their community." Increased responsibility leads to a greater sense of empowerment, another core element of the Sláintecare approach;

empowering people and communities to be more engaged in their own health and wellbeing. The innovation and best practice that these projects represent will be of great value to the work underway in every county to implement Healthy Ireland as a key part of the Sláintecare vision⁴⁷.

⁴⁴ See Land Without God Official Trailer at <https://www.youtube.com/watch?v=0e6LIVMcqQU>; M. Flynn, "Land Without God - examining the legacy of Institutional abuse" 28 August 2020 available at <https://www.rte.ie/culture/2019/1008/1081884-land-without-god-mannix-flynn-on-his-new-documentary/>

⁴⁵ J. Donoghue (2013) "Care and Control - Challenges for Creating Safe and Sustainable Communities" 1.

⁴⁶ Wall, above note 31, 2.3.

⁴⁷ <https://www.gov.ie/en/publication/d19f8-slaintecare-right-care-right-place-right-time-webinars/#webinar-5-health-wellbeing-empowering-citizens>

3. GOVERNANCE

A steering group was established by the STG Regeneration Board to oversee the project. The steering group currently comprises the DCDAT manager, the regeneration coordinator, the former manager of BRYR, a local youth justice worker from the Garda Youth Diversion Project, an employee of CAN and a previous regeneration coordinator.

At the pilot stage in 2017, DCDAT - described by a stakeholder as “the hub of the community” - agreed to host the project. In addition, DCDAT undertook to manage TRY staff, providing them with contracts of employment, support and supervision. This arrangement was documented through a memorandum of understanding between DCDAT, STG Regeneration Board and the TRY Steering Group. By providing governance, management and the financial structure for TRY, DCDAT saved TRY substantial costs which would have been incurred if TRY had been established an independent entity. DCDAT also agreed to locate the project in DCDAT’s building, providing office space, a games room and administration infrastructure at no charge.



In 2019 the steering group explored the possibility of developing TRY as an independent entity. Uncertain funding arrangements have made this exploration challenging. However, interviewee 11 (SGM) observed that it might be necessary to revisit the issue of becoming an independent entity as it had been “hinted at” that certain funding streams would be inaccessible otherwise.

At the time of writing (December 2020), the TRY Steering group has decided to proceed with the formation of a new entity which involves an application to register for charitable status. The new entity will be a company limited by guarantee. A strategic plan and a detailed business plan for 2021 has already been drafted for the new entity and is currently being reviewed to commence with the relevant work. This new project plan is contingent of sourcing additional funding.

4. THE PILOT

The initial pilot received sufficient funds from DCC through the STG Regeneration Board for five month’s operation, contracting two staff to conduct eight hours of intensive outreach per week. The sole focus was on males over the age of 18. This very limited pilot began in March 2017. Upon its termination in August 2017 it was evaluated internally.⁴⁸ The report was sent to DCC outlining the achievements and proposing an expanded project. The money had run out for the pilot and renewal was dependent on the outcome of the regeneration board’s social regeneration planning process. The project was re-established in May 2018, following the completion of the STG Regeneration Board *Strategic Plan 2018-2021* facilitated by Quality Matters, which strongly recommended the recommencement of TRY.⁴⁹

5. FUNDING

Over the lifetime of the project uncertain funding has meant that sustainability has always been in question. While the TRY approach engages a diverse public policy agenda, as discussed in Part 1 above, this has proven challenging in terms of core funding.

DCC was a critical player during project establishment and went on to become a major funder in acknowledgment of the work of TRY in improving quality of life within the regeneration site and increasing community well-being.

According to stakeholders, drug-related outreach work targeting young people is funded most commonly through Local Drug Task Forces (LDTF).

During the second phase of the project, TRY obtained €50,000 in funding from DCC via the STG regeneration board enabling two outreach workers to work for 16 hours per week. The original staff who were employed with the project in 2017 now had other employment. Two new staff were contracted, commencing work in May 2018. One left and a new staff member was employed in November 2018.



A. THE SLÁINTECARE INTEGRATION FUND

Interviewee 15 (HSE) described herself as a “champion” and “sponsor” of the TRY approach. On her advice, the steering group conducted a holistic needs assessment to establish that the TRY approach was needed in the area in order to apply for funding. In the early part of 2019, the Department of Health’s SIF invited applications to fund projects focusing on prevention, community care and integration of care across all health and social care settings.

⁴⁸ P. Dorman (2017) *Try Something Different: A Proposal to Extend an Extensive Outreach and Bridging Model to Engage Young People Involved in Street Drug Trading Groups* (Dublin: CAN).

⁴⁹ ST. TERESA’S GARDENS REGENERATION BOARD STRATEGIC PLAN 2018 – 2021, 25.

In the early part of 2019, the Department of Health’s SIF invited applications to fund projects focusing on prevention, community care and integration of care across all health

Areas relevant to TRY were:

- Promote the engagement and empowerment of citizens in the care of their own health
- Encourage innovations in the shift of care to the community or provide hospital avoidance measures.

DCDAT made an application to the SIF based on developing the existing work already commenced in the STG area. The plan submitted aimed to:

- Consolidate the bridging of the existing core group into constructive activity. This would include the introduction of restorative work between the participants, their families and those impacted in the local community.
- Expand the outreach to a group of 5 to 10 young people who were in the orbit of the existing group which included those aged under 18 years of age.
- Support members of the core group to provide mentoring to other young people. Develop engagement with young females and children in the orbit.
- Address the needs presented in the area to include drug and alcohol misuse, physical, mental health issues, and educational and employment deficits. Connect to other community members in the area in relation to issues arising from intimidation and anti-social behaviour.
- Extend the project to other local areas such as Basin Lane and Oliver Bond flats.

DCDAT was successful in its SIF application and was granted an award of €100,000 by the Department of Health in September 2019. Pobal acts as administrator of this fund on behalf of the Department of Health. Pobal requires monthly and interim reports from the project and payments of the grant are conditional on achievement of the project milestones.

In September 2019 Pobal entered into the funding agreement with DCDAT to fund this project from its commencement in October 2019 until December 2020. Of the €140,000 total project cost, the SIF grant was for €100,000, with DCC and CDET B providing an additional €20,000 each.

Under the SIF grant, DCDAT undertook to deliver a programme of work targeted at vulnerable young people aged 14 years – 26 years who are active drug and/or alcohol users who congregate in the STG area of Dublin, supporting participants to positively re-engage with the local community.

Under the grant agreement DCDAT stated that it would achieve the following projected project actions/milestones:

- 1) Coordinate the staff team including appointment of a full-time Team Leader and the recruitment of two part-time staff.⁵⁰
- 2) Identify target groups and establish trust with the group and individuals therein.
- 3) Work with the individuals to identify health need issues and specific responses.
- 4) Build community and individual resilience.
- 5) Establish ongoing partnerships with mainstream service providers.
- 6) Develop the project as an independent entity with accompanying governance and HR structures and sustainable funding pathways.
- 7) Evaluate the expansion of the project within St Teresa's Gardens and expand the project beyond St Teresa's Gardens.

According to Interviewee 15 (HSE), the TRY model "is integration at its best because it is a partnership approach." The SIF grant runs out in December 2020. TRY is a critical junction and should a funding injection not emerge very soon, the project will have to begin to wind down in a way that moves participants on and avoids the chaos that ensued when the project abruptly stopped in the past.

B. COST EFFECTIVENESS COMPARED WITH PUNITIVE CRIMINAL JUSTICE RESPONSES

According to the Irish Prison Service, "the average annual cost of an available, staffed prison space during the calendar year 2019 was €75,349"⁵¹, while the yearly cost of keeping a child detained in Oberstown in 2019 was reported as "€383,574, or €1,050 a day."⁵²

Since the 2017 pilot, the total funding received by TRY has been substantially less than the annual cost of detaining *one* young person in Oberstown and has been roughly equivalent to the annual cost of imprisoning *three* adults.

In terms of criminal justice savings alone, the TRY project since its inception has been very good value indeed⁵³.

⁵⁰ The SIF grant application referred to the recruitment of three part-time staff in error.

6. THE TRY MODEL IN THE DONORE AVENUE AREA

TRY was inspired by a tried and tested programme involving a person-centred IOB approach with young people involved with ASB and criminality in the Ballymun area. The Ballymun Regional Youth Resource (BRYR) outreach programme includes the Easy Street project which is specifically modelled on the Swedish Lugna Gatan (LG).⁵⁴ LG translates as “Easy Street” in English. According to interviewee 3 (SGM), the name was inspired by the 1917 movie by Charlie Chaplin.⁵⁵ LG was introduced by the Fryshuset organisation in Sweden in 1995 as a novel way of engaging with disaffected, mostly immigrant youths living in the suburbs who were involved with ASB and crime on public transportation in Stockholm.⁵⁶

An LG evaluation in 2008 found evidence of substantial economic benefits to working with disengaged youths through IOB, eventually employing some of them as peer mentors. The authors noted the “greater the risk of failure, the greater the success” in terms of economic dividend.⁵⁷ They also described the secret of LG, employing a graphic of a series of concentric circles that resembles an onion, at the heart of which is the establishment of a trusting relationship that focuses “on future possibilities rather than yesterday's failures.”⁵⁸

This evaluation has similarly revealed that building a positive relationship with beneficiaries is the foundation upon which all other hard outcomes rest. Stakeholders repeatedly mentioned that “the relationship is key” and that trust takes time to build with young men owing to their trauma histories, interpersonal hostility, and pretence of invulnerability.⁵⁹ TRY involves a process of intensive outreach by mentors who are authentic, believable, caring and kind. They are focused on the achievability of a bright future rather than shaming and blaming young people for past wrongdoing due to being in a chronic state of physiological defence.⁶⁰

⁵¹ Irish Prison Service, *Annual Report 2019* (Longford: IPS), 10.

⁵² A. Sheridan, “TD Clare Daly queries €1M spent in Oberstown on second set of doors in three years” 05/05/2019, available at <https://extra.ie/2019/05/05/news/irish-news/e1m-spent-in-oberstown-on-doors>. See also <https://www.oberstown.com/wp-content/uploads/2017/05/Oberstown-Factsheet.pdf>

⁵³ See pg 24 for further detail.

⁵⁴ See <http://www.bryr.ie/>

⁵⁵ See Charlie Chaplin: Easy Street (1917) available at <https://www.youtube.com/watch?v=eLF-aLPwfrg>

⁵⁶ See <https://www.fryshuset.se/plats/global>

⁵⁷ See I. Nilsson & A. Wadeskog (2008) “Nothing happened ... Social worker to use accounts for Lugna Gatan”, (translated by H. Alnazar) 8.

In practice, this means that TRY staff spend a lot of their working hours standing alongside people in the STG flat complex, conversing. Aside from the strong emphasis on relationship-building on the street and in the flats, key aspects of the TRY model are that it works with all ages from 14-26 years, is not restricted by home address or “presenting issue” and involves close collaboration with other services to address unmet (often health-related) needs and takes steps towards achieving the longer term goals of beneficiaries. TRY aims to nurture a cohort of young people to become peer workers themselves in time. According to interviewee 1 (SGM), this involves “building some of the young people up” over a prolonged period, as discussed in Part 6 D below.

A. BENEFICIARIES

“Babies become those people who we’re giving out about. [...] That 16-year-old has an address, but he doesn’t have a *home*.” *Interviewee 4, SGM*

“Although they were very savvy on the street, as soon as there was institutional involvement, it was fight or flight. *Interviewee 8, SGM*

TRY currently works with three cohorts: teenage boys and men and women over-eighteen. While TRY originally only worked with young men aged 18+ during the pilot stage, unmet needs were identified among females and teenagers. Younger girls and boys were asking for help from TRY and the older female cohort actively sought out the support that their male counterparts were getting. The project expanded to work with females and 14-17 year-olds through the IOB approach. This expansion was led by the steering group’s agenda to work with *all* groups in and around the core group of young men.

⁵⁸ Ibid, 6.

⁵⁹ G. Neufeld & G. Maté, *Hold on to your kids: Why parents need to matter more than peers* (New York: Ballantine Books, 2014) 99.

⁶⁰ S. Porges (2009), “The polyvagal theory: new insights into adaptive reactions of the autonomic nervous system”, 76 *Cleve Clin J Med* S86–S90. See also J. Mulcahy (2019) Law and Justice interview with Dr Stephen Porges: The Science of Safety, available at <https://soundcloud.com/jane-mulcahy/law-and-justice-interview-with-dr-stephen-porges-the-science-of-safety>

**FIGURE 1: NUMBER OF TRY BENEFICIARIES WORKED WITH WEEKLY
OCTOBER 2018 - SEPTEMBER 2019**

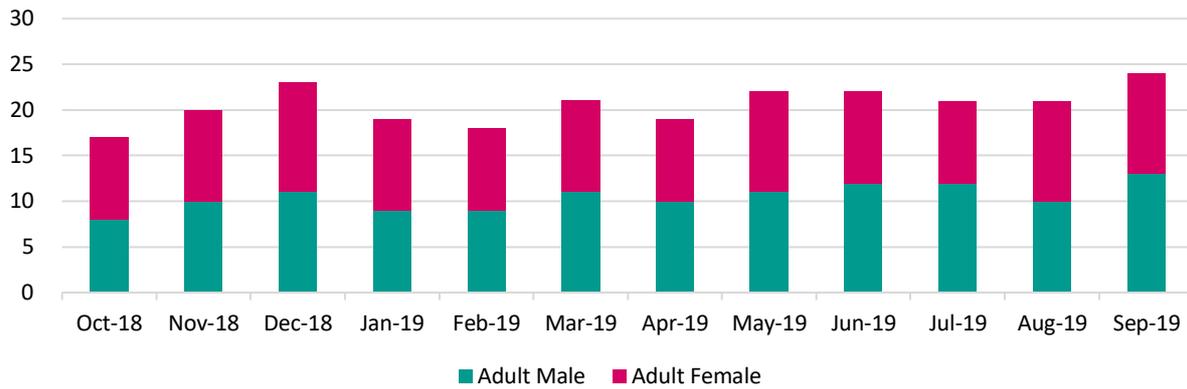
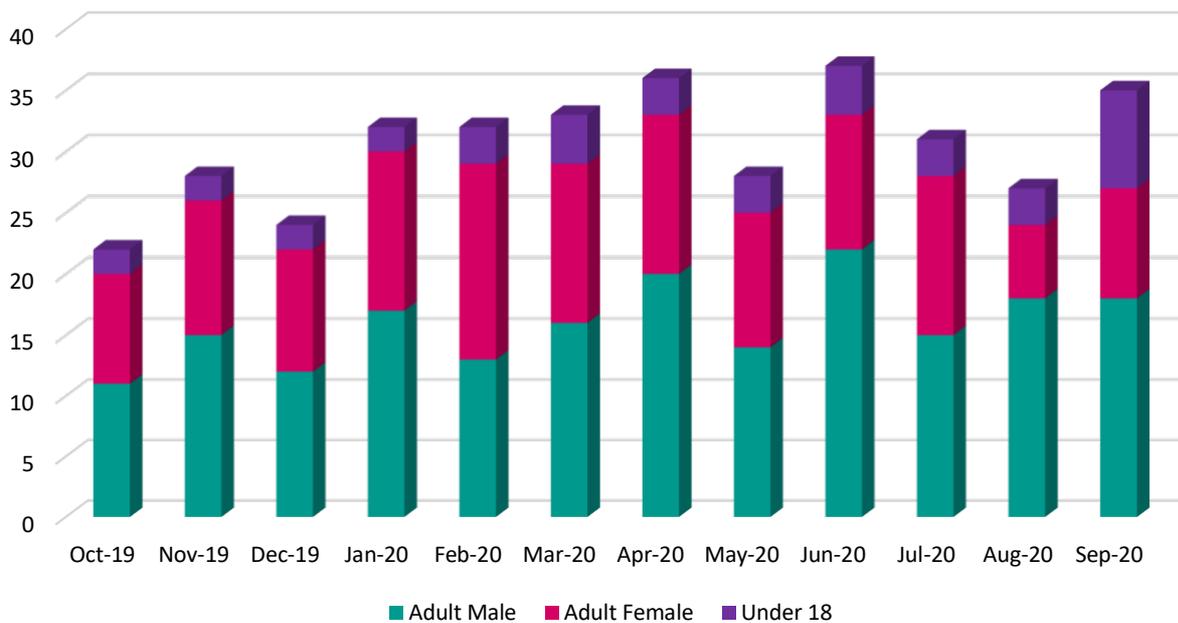


Figure 1 represents the numbers of TRY beneficiaries engaged with on a weekly basis in the year prior to the SIF grant. The project did not have the financial or human resources to work with under 18 year-olds at that time. Figure 2 shows a breakdown of the three groups of TRY beneficiaries - men, women, under 18s – from October 2019 to September 2020. Due to the public health restrictions caused by the COVID-19 pandemic, discussed further in section E below, TRY worked with individuals on a one-to-one basis and with small groups rather than large groups for most of the period.

**FIGURE 2: NUMBER OF TRY BENEFICIARIES WORKED WITH WEEKLY
OCTOBER 2019 - SEPTEMBER 2020**



The total number of contacts with individuals engaged in ASB in the Donore Avenue Area was 1,552 from October 2019 to September 2020. The total number of engagements for the previous 12-month period was 1,227. This represented a 26% increase in contact levels since October 2019. This substantial increase in engagement with both male and female beneficiaries was only possible due to the SIF grant. TRY staff have reported seeing some evidence of female participants acting as positive influencers to the male group.

On average TRY staff worked with up to 31 individuals simultaneously. This was made up of 14 males (18+), 13 females (18+) and 4 aged under 18s. Staff noted that many of the individuals who they encountered in the STG area did not reside in that area with many coming from the surrounding communities of Crumlin, Drimnagh and James Street. It is speculated that young people are attracted to the area by the easy supply of illicit substances for sale, as well as opportunities for drug taking including “the ever prevalent laughing gas cylinders”, drug dealing and engaging in ASB.

Restrictions put in place by Government officials in the period of 2020 provided some challenges in meeting outcomes with the 14-17yr old cohort, due particularly to schools being forced to close and not open for a long period of time. However, significant contact has been made with this cohort, relationship-building is underway and some under 18s have been placed appropriate training workshops and in employment.

Interviewee 3 (SGM) stated that despite the fact that TRY participants are typically “very hostile and angry people” prior to engagement with the outreach workers, it is possible to engage with them “if you *try*”. Interviewee 4 (SGM) mentioned that the team struggled with how best to define TRY beneficiaries at a Sláintecare event for grant recipients.

They described them as “extremely marginalised people who are not liked in the community and people do not want to work with them”. Interviewee 9 (DSCP) who assists TRY beneficiaries access training and employment described the male cohort as “young men who would be involved in criminality, drug use and some gang activity, the most hard-to-reach men” with whom other organisations are unwilling to work, due to “challenging behaviour” including threatening and intimidating conduct.

Most male participants are/were involved in the drug trade and are/were poly-drug users. Several interviewees mentioned that many male participants did not view themselves as addicts, or acknowledge that they had drug problems, because they did not use heroin.

However, they regularly used a range of other drugs and it impacted their functioning and behaviour. Their drug use meant that they could get “very explosive very quickly”, according to interviewee 8 (SGM).

TRY beneficiaries tend to be early school-leavers, as were their parents, so there is an intergenerational aspect to the challenges they face. Interviewee 8 (SGM) agreed that there is “a lot of historical stuff” in the backgrounds of TRY participants, including “a lot of emotional and psychological abuse, some physical abuse.” Many TRY participants had experienced bereavements of a parent or close family member. Interviewee 8 (SGM) referred to the phenomenon of community violence, which is often drug-related. Addiction within the family is commonplace and parental incarceration is a social norm. A major problem with all these traumas is that “nobody ever talks about it.” TRY participants are usually angry about something, but often they are unaware of the roots of their anger. Interviewee 8 (SGM) stated that TRY beneficiaries also have “no soft skills”, such as self-worth, self-esteem and belonging.⁶¹ They have, moreover, “often been failed by institutions and met with lots of barriers.” TRY males frequently had a very negative views towards Social Welfare and considerable hostility towards members of An Garda Síochana (AGS).

Interviewee 3 (SGM) stated that there are very few TRY beneficiaries who *wouldn't* have an extensive trauma history. “Some have come from quite serious abuse”, while other are from families that have “very dynamic and sociopathic tendencies”. Some are simply easily led and drifted into the way of life. Interviewee 3 was of the view that “poverty *per se*” was not the main reason for the social, emotional and behavioural issues of beneficiaries, stating “I don't put a lot of store by that” as an explanation. In his view, it was more of a case of coming from “households that are not very positive environments”.

Interviewee 12 (DCC) stated that many participants had parents who were “a bit chaotic”. Domestic, physical, emotional abuse and familial drug addiction were common childhood adversities. Interviewee 11 (SGM) described the young men as “a group who are extremely vulnerable and fearful.” They never move out of their area, and rarely go into town. They generally do not mind their health by going to the GP, nor do they have medical cards. The young men are “very vulnerable mental-health wise, and carry a lot of pain which they act out on.”

⁶¹ T. Kovavic *et al* (2019) *Identifying Innovative Models for Supporting Vulnerable Learners achieve Educational Progression; Early findings from an Evaluation of Social Innovation Fund Ireland's Education Fund Executive Summary* (Galway: UNESCO Child and Family Research Centre, NUIG) 8.

Interviewee 9 (DSCP) said that TRY beneficiaries have a multitude of issues including mental health problems and addictions, leading to “heightened tension” and hypervigilance. However, she added that “some of the hardest lads come in off the street, the bravado goes, they fall apart and you just see someone really vulnerable.” Some TRY participants have issues with reading and writing. Regarding vulnerability, this interviewee said “the men are better at hiding it. They’d still be able to put that mask on”, whereas the women wear their vulnerability for everyone to see, often experiencing panic attacks and anxiety, with very low confidence. “They’re just not able for it, *yet*.”

Regarding the TRY females, interviewee 12 (DCC) stated that they are “girlfriends, partners, or want to be part of this group. [...] Weed is there, you can smoke it all day with these lads.” He acknowledged that there is also pressure to be part of the group, “because if you’re not part of it, you’re a *target*.” Interviewee 10 (CW) commented that females believe that the men who are engaged with criminality and drug-dealing at least “have a purpose”, which they often feel they lack themselves. Worryingly, she observed that this feeling of purposelessness is also a sentiment that some new mothers express. They have “a prison within themselves”, held back by low self-esteem and brittle confidence which restricts their hopes for themselves and their openness to personal development opportunities. Interviewee 18 (former TTM) stated that the young women who engage with TRY do not understand “that there are great things out there for them”. Their low confidence could stem from “a family thing”, or just be due to being reared in the area and having no hope or expectation of a different life.

Interviewee 15 (HSE) observed that mainstream mental health and addiction services are for people “who are stable.” TRY, however, does not operate with such strict eligibility criteria. She stated: “they’re not saying ‘we’ll talk to you if you’re below 20mls [of methadone]’.” TRY staff will engage with *anyone* from 14-26 years of age in or around the ASB and drug network in the area.

B. STAFF

FIGURE 3:

TRY ANNUAL VALUE FOR MONEY COMPARATIVE SERVICE COSTS 2020



This information indicates the relative value for money which investment TRY produces given that they achieved 59 outcomes for 39 individuals in the past year.

Obtaining the SIF grant enabled the appointment of the TRY team leader on a full-time basis to lead the project staff. Subsequently, two additional outreach staff (one at 16 hours per week (female), one at 25 hours per week (male), were appointed. In August 2020, the female outreach worker moved on and a replacement was hired on a 25 hour per week contract. The SIF funds have been vital to provide staff continuity and stability to the project. As discussed further below, it takes considerable time to build relationships with beneficiaries and to become accepted in the area.

The addition of a female outreach staff member has been extremely valuable to the team and welcomed by teenage girls and young women in the locality. This role has been proven to be highly successful as the two female groups have been much more amenable to meaningful engagement with staff and with each other in group activities compared to the two male groups.

SIF funding has ensured greater availability of staff throughout the week when they are needed. As the service requires outreach and evening work, staff have shown a high degree of flexibility to deliver interventions at locations and times the young people need them. All staff have completed certified training in Restorative practice as per the original SIF plan.

“You’d just be with them. They weren’t used to that – just standing with them. [...] My attributes lie in meeting people where they are at.” *Interviewee 2, TTM*

“We can relate to them. They are basically like *us*. [...] We don’t want to let them down. [...] I’d say anything for them or do anything.” *Interviewee 16, TB*

There was widespread agreement that it is vital that TRY staff are the right kind of individuals since participants will not respond well to people who are “not from their world”. Having staff with similar life experiences to participants legitimises the project. Interviewee 11 (SGM) noted that the IOB-type model of engagement “is not something that every youth worker can do”, while interviewee 12 (DCC) stated that it is so important that “the lads or ladies working on the project” come from the same type of background as beneficiaries. In his view “it’s about mutual respect” and knowing how to speak with and relate to people “in their space”. According to interviewee 3 (SGM) it takes exceptional levels of professionalism to appear to be involved in casual conversation but to actually have a careful professional agenda. This agenda is “actually quite up front – and realistic, therefore appealing to the young people.”

Having comparable life experiences facilitates bonding and cultivates hope. The TRY team leader started working on the project two years ago doing eight hours of outreach per week. A key part of his work is establishing rapport with TRY participants. This has not been a major challenge for him or his colleagues because they come from parts of Dublin with similar structural issues and have lived through many of the challenges facing the participants, including ASB and drug-taking.

“I’m helping young men who were *me* [...] Our positions, our education ... it’s a walking advertisement for TRY. [...] Criminology would tell you there’s a “subculture”. The reason TRY is successful is because we know the subculture.”
Interviewee 7, TTM

Interviewee 7 (TTM) observed that there’s a different sense of boundaries in his current role, compared to other positions where he never shared his lived experience. Previous employers “didn’t encourage self-disclosure.” When asked if drawing on his personal experiences helped to build rapport with individuals, he said “without a doubt”. In his view, there is immense power “when you say something to them and they know it’s the truth”. Interviewee 8 (SGM), one of the original TRY outreach workers, stated that “I didn’t judge the lads on what they’ve done.” He viewed their involvement in ASB as a way “to express their emotions”.

Interviewee 16 (TB) stated that the TRY staff are “easy people to engage with”, “easy to talk to and trust”. This young man became involved with the drug trade in his early teens, developing severe depression around the same period related to family stressors. He stated that while he trusted his family, cousins and friends, he never felt he could speak freely to them about his feelings or his worries. He began to trust the TRY support workers within “one or two weeks” and valued being able to speak in confidence with them about anything that was weighing on him. The same interviewee mentioned that while he previously did not care about letting his family down, he would say or do anything for the TRY staff, because they helped him see a way through “the darkness of standing around the corner in the flats”, selling drugs to fund his gambling problem.

Interviewee 15 (HSE) stated that she did not believe TRY staff get the credit they deserve for the small amount of money the project costs to run, observing that “the value they have for the taxpayer” is exceptional.



C. INTENSIVE OUTREACH: MEETING PEOPLE WHERE THEY ARE AT (LITERALLY)

Most interviewees stated that the success of TRY hinges on the relationship that staff develop with beneficiaries. Interviewee 1 (SGM) stated that the level of work that goes into building trust with people is “grossly underestimated” by mainstream services. Trust-building takes time and persistence with individuals who are prone to interpersonal suspicion. Regarding the time and consistency needed to build trust, interviewee 8 (SGM) mentioned the importance of “showing that although there was only so many hours in the day, you’re going to do everything you can to help them.” This interviewee mentioned that behavioural change was contingent on healing. He stated, “if you can change the attitude, you can change the behaviour”, but to do so it is essential that individuals confront “their own inner demons.”

Several interviewees mentioned the importance of fun to the success of TRY. Interviewee 7 (TTM) stated that bringing people go-karting as part of outreach is about having fun and camaraderie. He stated that he often “slags” participants and gives them “a bit of stick”. This banter is, however, part of building a relationship with young people who generally have “no positive male role models”. Good-natured, light-hearted levity among peers breaks down relational barriers. Despite the fun elements of the programme, interviewee 2 (TTM) stated that “we have to adapt all the time”. There are frequent “rifts in the cohort” which means that support workers have to navigate through the fractured relationships and engage with each youth individually.

In response to a question as to whether the relationship that TRY participants have with staff has a parental type of a quality to it, interviewee 7 (TTM) stated that he tells one TRY participant that he loves him all the time. He also laughingly described how one young man who saw him and his colleague walking through the flats shouted, “There’s me *das!*” Male participants often reportedly take tentative steps towards positive change for the TRY staff rather than for themselves. The same interviewee said that if he made an appointment for someone, the individual might say “I only went because I didn’t want to let you down.” There is huge ambivalence on the part of young men about embracing personal development opportunities and attempting positive change, especially early in the process. “They don’t really give a shit about themselves. You really have to force them to care.” Interviewee 3 (SGM) mentioned the behavioural shift that can come from developing a “safe sensation with an adult” for the first time in a young person’s life.

Interviewee 6 (TTM) is currently in the intensive relationship-building phase of her work, as she only recently joined the team. In order to get to know the female beneficiaries she arranged an introduction dinner and a cinema trip, followed by dinner. Interviewee 10 (CW) stated that she has worked with “the TRY girls” since they were born, first in the breakfast club and then in the after-school club. As the girls grew up there was nothing for them activity-wise in the area. The females specifically asked for a group to be established for them, because they missed the solidarity and fun of having regular meet-ups.

Stakeholders viewed this request as very significant in terms of TRY’s successful collaboration with community partners. According to interviewee 4 (SGM), community staff in STG would say anecdotally that “requests like this were virtually unheard of until TRY” and its partnership with the CW in question.

There are two groups for TRY females: the older group is of 18-26 year olds and there is also a group for under 18s. According to interviewee 17 (TB), she began engaging with TRY because her friends live in the flats and they were involved. She stated that she was attracted to the project primarily due to boredom, having finished school last year. She appreciates the social aspect of the project, meeting up with the other young women once a week. She also values the fact that the project provides assistance with CVs and access to courses. Regarding the importance of the “fun stuff” - the bowling, cinema outings and meals – interviewee 18 (former TTM) stated that it is about providing “an outlet, something to look forward to.”

TRY operates a self-referral model. Self-referrals come mainly as a result of the outreach work in the flats, or through word-of-mouth. Interviewee 11 (SGM) stated that a former TRY support worker used the phrase “trimming the flock” to describe how staff draw individuals out one by one: “if you get him, he’ll refer two more”. Interviewee 16 (TB) stated that some of his cousins and friends have become involved in TRY due to his own positive experiences: “we gave trust and then other people trusted them”. He also mentioned that mothers sometimes refer their sons to the programme. Interviewee 18 (former TTM) referred to the contagion of drug use, where “monkey see, monkey do”. She observed that here is a positive contagion effect with TRY: “one does it and the others follow”.

D. BRIDGING: BUILDING BETTER FUTURES SAFELY

“It’s relentless, constantly on the phone, checking in. [...] Relentless care.”
Interviewee 11, SGM

Once a positive relationship has been established with people through outreach and they self-refer to the programme, TRY staff develop a care plan in collaboration with the individual. The project uses a happiness index which TTM’s refer to as a “goals scale”. This scale “highlights the gaps” in an individual beneficiary’s lives and helps them to visualise and set achievable goals. Staff also use a logic model to determine what referrals need to be made. Bridging participants to external partner organisations often means getting on the phone and making the connection with service-providers.

**FIGURE 4: TRY BENEFICIARIES PRESENTING NEEDS
JANUARY 2020-SEPTEMBER 2020**

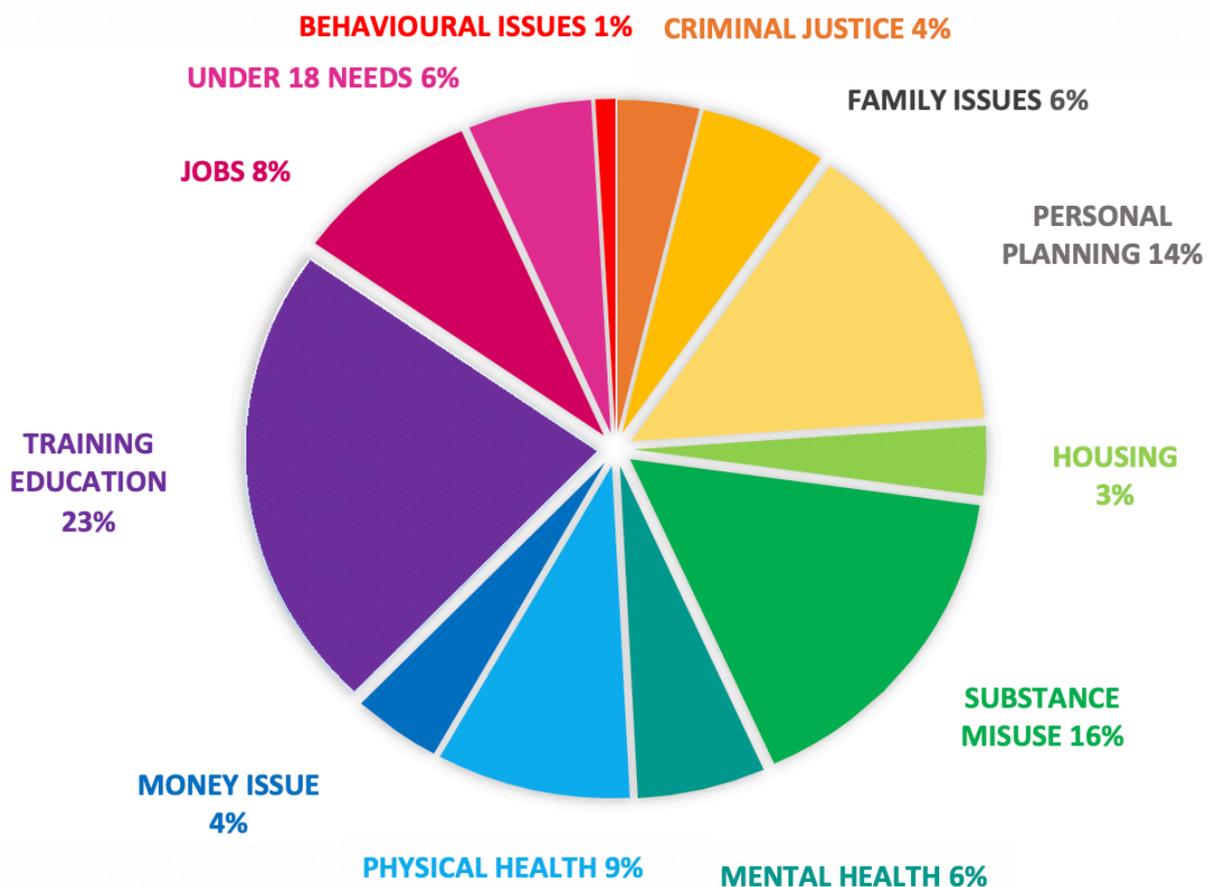
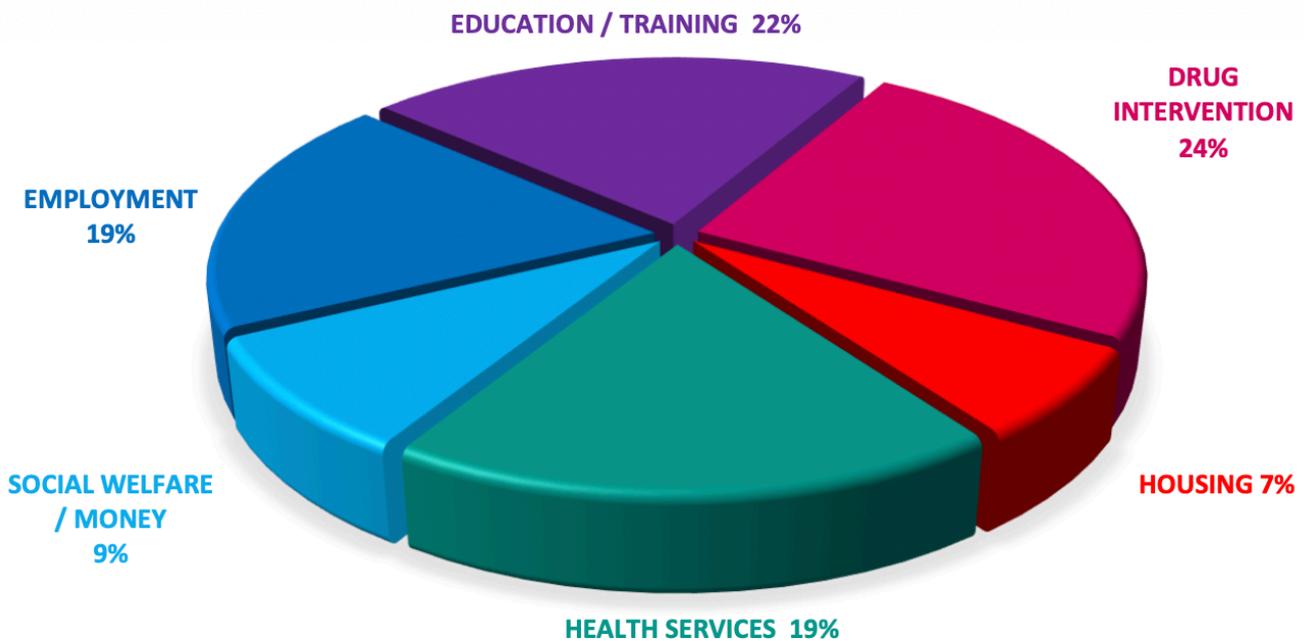


Figure 3 depicts the nature of the TRY beneficiaries most pressing needs identified at initial contact from January 2020 to September 2020. Given the nature of the individuals targeted it is unsurprising to see a wide variety of needs. Training, education and substance misuse are significant needs for many beneficiaries. TRY acknowledges education as a social determinant of health, that ‘education can impact positively on levels of social engagement, an important factor in generating more cohesive, safer and healthier societies.’⁶² The Institute of Public Health Ireland states ‘Improving educational outcomes amongst the most disadvantaged groups has the potential to make a positive impact on health inequalities’.

Identifying the needs of beneficiaries assists the TRY team to engage with appropriate service providers and plan their time and resources according to the nature of individual’s needs. Further assessment work is undertaken by TRY staff as their relationship with individual beneficiaries strengthens and different needs emerge. Additional needs often relate to mental health, parenting skills, anger management and desire to access addiction treatment services. Meeting these needs requires engagement with wide range of other services/agencies, including GPs/primary health care services, counselling, family support etc.

FIGURE 5: TRY REFERRALS TO SERVICES MADE IN 2020



⁶² Claire Higgins, Teresa Lavin, and Owen Metcalfe (2008) *Health Impacts of Education; a review*. The Institute of Public Health Ireland,; Dublin.

After the assessment of need and action planning, TRY staff make referrals based on the information provided and the services available. Figure 4 identifies the main categories of referrals made by TRY staff in 2020. The presenting needs identified at contact closely correlate with the referrals made, with the exception of health needs. TRY staff have discovered that individuals often need to build up a longer-term trusting relationship with them in order to disclose their health needs.

Female participants sometimes need access to a crèche or housing. Interviewee 18 (former TTM) stated that linking young women into services, writing letters with them to access courses and going with them to visit crèches, etc. helps them to understand “that they are as good as anyone else”. TRY aims to show young women that “there’s a life out there. There’s a better life”. It is acknowledged in Ireland that access to quality childcare supports women and families out of poverty and into the paid workforce⁶³. TRY supports this in its work with women and works to empower them to access and avail of supports.

Interviewee 8 (SGM) emphasised the person-centred and collaborative nature of the TRY approach, where the individual’s hopes and dreams for the future were prioritised and not pre-determined key performance indicators (KPIs). When he worked with TRY he used to say to the young men “don’t tell me what you think I want to hear! Tell me what *you want*. [...] You don’t have to fit into a certain bubble.” There was only funding for eight hours of outreach per week when he worked with TRY but, in reality, staff did about 25 hours of work. That level of commitment was necessary to bridge individual young people into a course or get them to the doctor. In an earlier TRY evaluation, a beneficiary stated that TRY staff “came and collected me at 7 o’clock in the morning to get me to my course, and that made all the difference – I was doing it for them too.”⁶⁴

According to interviewee 9 (CDSP), most TRY beneficiaries lack the basic skills for mainstream employment. She adopted a caterpillar analogy to describe the slow, but magical transformation that occurs as a result of engagement with TRY. Regarding some of the practical challenges in turning up for appointments, interviewee 7 (TTM) emphasised the importance of hand-holding: “They’re going to miss the appointment otherwise. They’ll miss the referral.”

Interviewee 2 (TTM) stated that the reality of bridging beneficiaries into services, whether for mental health, addiction or training and employment needs is that, “these guys won’t go on their own” due to low self-esteem, having “no one to believe in” and hearing “you’re no good” most of their lives. Interviewee 16 (TB) agreed that being brought to appointments and meetings was crucial because simply “going out of the area” meant “being nervous”.

He stated that TRY staff not only advised him about the existence of the Gamblers Anonymous (GA) fellowship but accompanied him to his first meeting. He had made “drastic” changes to his life, relationships and mental health thanks to involvement with TRY.

Interviewee 17 (CLP) agreed that people with addictions are often ambivalent about seeking treatment and filled with anxiety about approaching services. Even where they “want it more than anything”, they are often unable to make their way to the programme on their own. He described the TRY approach of “people going into the community”, building relationships with vulnerable people and bridging them into services as “unique” and “absolutely amazing.” While many services “can’t leave the building” due to limited resources, TRY staff by contrast “nearly would do anything” for their beneficiaries.

Interviewee 9 (CDSP) interviewee stated that she booked a few young men onto a Manual Handling training that she was leading in a different area. TRY staff drove participants to the training. There was a gang nearby, with whom some group members had pre-existing conflict. The interviewee stated that “young people are territorial. We decided to bring *me* to them. [...] You need to have it within the community, so they don’t feel they have to look over their shoulder.” This is a fine example of person-centred problem-solving and creativity, recognising the importance of a felt sense of safety as a prerequisite for learning and social behaviour. Being in fear-induced survival mode is conducive to defensive behaviours and little else. The same interviewee mentioned “internalised oppression” as a consequence of experiencing negativity all their lives. “They don’t think they deserve anything.” TRY “plants a seed”, by helping beneficiaries to change the negative self-narratives they have formed, awakening the desire to flourish in mainstream ways.

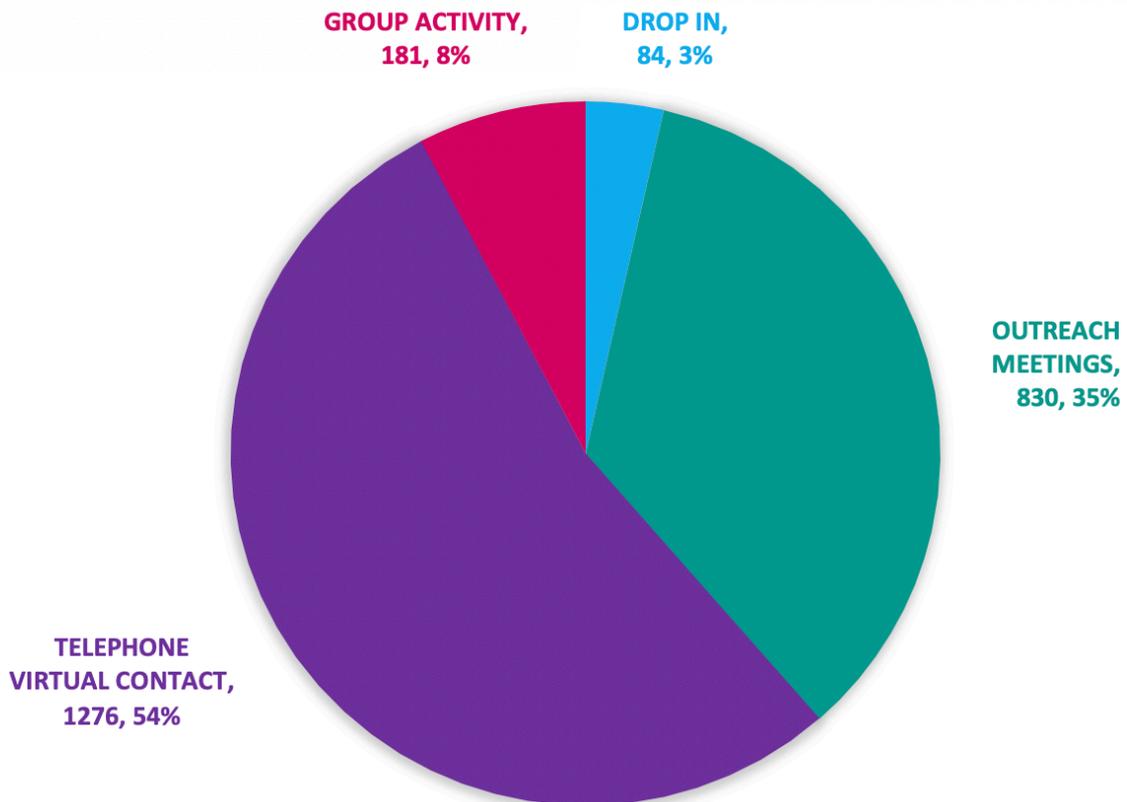
⁶³ <https://www.ncs.gov.ie/en/>

⁶⁴ P. Tobin (2019) *Evaluation of St. Teresa’s Garden Targeted Response to Youth (TRY) Project* (Dublin: Community Action Network) 9.

E. COVID-19 RESPONSE

COVID-19 presented a significant challenge to meaningful engagement between TRY staff and beneficiaries, making it extremely difficult to bridge the latter into services due to the public health restrictions. As can be seen from Figure 5 staff made extensive use of technology including Zoom meetings, WhatsApp calls and outreach meetings rather indoor meetings to meet participants safely since the pandemic.

FIGURE 6: TRY CONTACT METHOD THE DURING COVID 19 PANDEMIC



The project plan up to November 2020 indicates that TRY was on target with the majority of the project milestones to date (see Appendix A). However, the impact of the COVID 19 pandemic has caused the project:

to alternate focus between the preventative health measures through individual outreach contacts and virtual technology whilst dealing with ongoing daily interventions. Since the community services reopened, the team have been able to intensify work with the participants on pathways to achieve individual outcomes. The pandemic did interfere with the project plan and presented both challenges and opportunities to TRY.⁶⁵

⁶⁵ TRY (2020) *Interim Sláintecare Integration Fund report to Pobal* (Dublin: TRY).

During the initial lockdown in March 2020, the team were instructed not to come in to the office. However, as designated frontline workers they decided to continue their intensive outreach to the flats, working on alternate days. While TRY could not host any breakfast mornings since lockdown, and the building was largely inaccessible to beneficiaries until restrictions eased during the summer, the TRY team creatively kept connected to people.

They focused on providing public health information about the importance of hand hygiene and physical distancing. TRY staff organised socially distanced walks, sometimes one-on-one. The team made a short video "just to keep up spirits", created an online platform, and a newsletter.

TRY organised online bingo and Zoom quizzes during lockdown. The winner got a pizza sent to their house. The team delivered activity hampers for the children of TRY beneficiaries, as well as hampers with PPE. TRY was also involved in hosting enjoyable gym classes in the flats. In this regard, interviewee 7 (TTM) stated "there was a part of COVID that I loved because it brought people from the community together." Interviewee 16 (TB) mentioned that some of the TRY participants were a bit mortified that their mothers took part in the outdoor fitness classes, but from his perspective it generated "great community spirit".

COVID led to a rise in suicidality among TRY beneficiaries. Some individuals stopped taking their medication. This was partly because peoples' day-to-day structure was gone. Issues that were on the rise in mainstream society, such as COVID-related anxiety and depression, were amplified in the flats. Maintaining contact was an important lifeline for TRY participants. However, the same interviewee stated, "it was important for us too, it was vital for our work." During the 2020 period, despite the pandemic, TRY staff managed to rapidly intervene in crises to support participants back to stability and ongoing contact.

While interviewee 2 (TTM) stated that there was a pandemic-related rise in drug use and ASB in the area, interviewee 12 (DCC) stated that STG was quieter than other places. During lockdown, he received almost 200 ASB complaints for the south west inner city. While ASB "soared and spiked" elsewhere, even during the lockdown STG Gardens did not spike. He stated, "what that tells me is there was engagement there."

However, the pandemic particularly hampered TRY staff's ability to reach the teenage cohort. Schools were forced to close in March 2020, resulting in an inability to deliver on the specific outcomes to increase school attendance rates projected for under 18s.

Nevertheless, in the later months of 2020, data shows that TRY is now making contact with an increasing number of teenagers addressing their educational, training and employment needs.

The team spent considerable time engaged in risk assessment and mitigation measures in relation to the health risks potentially arising from the pandemic. These activities occupied time which had been allocated to direct contact work in the SIF application, prior to COVID-19.

The pandemic also slowed down expansion plans into adjacent areas, discussed in section H below, due to COVID-related movement restrictions. The public health social distancing requirement was uncondusive to intensive face-to-face outreach, in which TRY staff initiate contact and build trust in places where young people congregate.

F. OUTCOMES

According to the interim SIF report, reported outcomes from October 2019-November 2020 include:

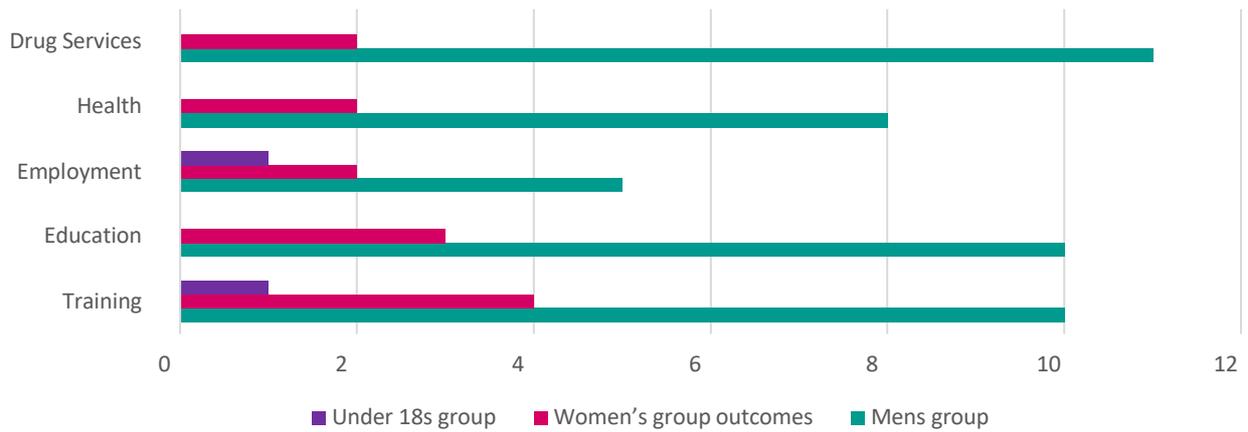
- 20% increased attendance from an extremely marginalised cohort, into mainstream services (Health, education, training and employment)
- 20% increase in engagement in drug rehabilitation programmes 20% increase in school attendance with under 18s

October 2019 to September 2020

Group	Training	Education	Employment	Health	Drug Services	Total participants
Mens group	10	10	5	8	11	22
Women's group outcomes	4	3	2	2	2	13
Under 18s group	1		1			2
Total outcomes 2020	15	13	8	10	13	

Table 1: TRY project outcomes (Sláintecare Integration Fund interim report submitted to Pobal October 2020)

FIGURE 7: TRY PROJECT OUTCOMES FROM OCTOBER 2019-NOVEMBER 2020

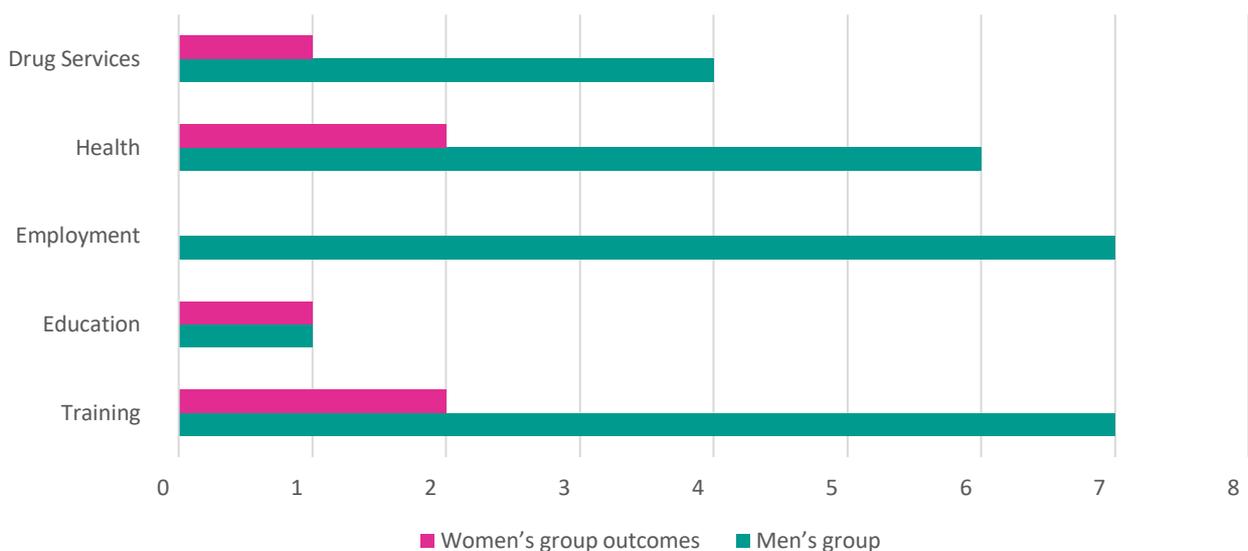


October 2018 to September 2019

Group	Training	Education	Employment	Health	Drug Services	Total participants
Men's group	7	1	7	6	4	15
Women's group outcomes	2	1	0	2	1	13
Total outcomes 2019	9	2	7	8	5	

Table 2: TRY project outcomes October 2018-September 2019

FIGURE 8: TRY PROJECT OUTCOMES FROM OCTOBER 2018-NOVEMBER 2019



The SIF grant has led to a substantial rise in hard outcomes for TRY beneficiaries over the period of the funding, despite barriers to engagement caused by the global pandemic. A summary of the percentage change in outcomes in each area is provided below. The TRY team set the target of a 20% increase in outcomes. With the exception of employment, TRY has exceeded each target considerably. The target of school attendance with under 18s could not be meaningfully achieved since schools were closed and access to children during the pandemic was very limited.

**TABLE 3: % INCREASE IN OUTCOMES FOR TRY BENEFICIARIES
OCTOBER 2019-SEPTEMBER 2020**

AREA OF NEED	%	MOVEMENT
TRAINING	67%	increase
EDUCATION	550%	increase
EMPLOYMENT	10h up 4%	increase
HEALTH	25%	increase
DRUG SERVICES	160%	increase

Stakeholders interviewed for this evaluation identified many positive outcomes from TRY’s IOB approach, including:

- 1) Ongoing engagement with people whom mainstream services would describe as “challenging”, “hard to reach” or impossible to engage
- 2) Improved relational health through the establishment of safe, reciprocal relationships with positive role models who listen and validate (leading to better, healthier relationships family members and others)
- 3) Assistance for beneficiaries with addressing unmet needs (e.g. addiction, mental health, etc.)
- 4) A fostering of a realistic sense of hope for a positive future
- 5) Improvements in pro-social behaviour
- 6) Personal development and the acquisition of new skills
- 7) A break in the intergenerational cycle of disadvantage and trauma

- 8) Improvement in community safety (reduced ASB, drug dealing and hanging around the corners)
- 9) Improvement in interagency collaboration in the area
- 10) Recognition of the uniqueness of the approach from the justice sector
- 11) Support for the work from the media

In terms of the ability to engage, neuroscience evidence instructs us that social behaviour and the ability to flourish is dependent on our neural/physiological state.⁶⁶ According to Perry's Neurosequential Model of Therapeutics, when working with traumatised children, the sequence for ultimately engaging the learning brain is as follows: "regulate, relate, reason."⁶⁷ This procedure should also be followed in engaging with adults who were neglected, abused or otherwise subjected to toxic stress in childhood. TRY staff appear to instinctively adopt this neurosequential approach to engaging with beneficiaries.

It is important to emphasise that hard outcomes, or typical KPIs measured in programme evaluations, such as an individual's entry into and successful participation in education, training or employment, are entirely contingent on feeling safe in their body around other people and the ability to regulate emotions. Seemingly lesser "soft" outcomes such as a willingness to talk about personal problems, enhanced self-regulation, self-esteem and self-compassion, a sense of hope and improvements in pro-social behaviour are, in fact, important neurobiological indicators of alternations in "state-dependent functioning".⁶⁸ They signify that people are no longer in fear-driven survival mode. Without such shifts, individuals will not be receptive to "hooks for change",⁶⁹ whether related to recovery (from addiction or mental health problems) or desistance from crime.

The most profound success of the TRY model is that it is deeply relational. However, this is difficult to quantify and evidence for funding purposes. Interviewee 4 (SGM) mentioned

⁶⁶ Porges, note 55 above.

⁶⁷ B. Perry, Regulate, Relate, Reason (Sequence of Engagement): Neurosequential Network Stress & Trauma Series, available at <https://www.youtube.com/watch?v=LNuxy7FxEVk>

⁶⁸ See Child Trauma Academy, SevenSlideSeries: State-dependent Functioning, available at <https://www.youtube.com/watch?v=1uCn7VX6BPQ>

⁶⁹ P. Giordano *et al.* (2002) "Gender, Crime, and Desistance: Toward a Theory of Cognitive Transformation" 107(4) AJS 990–1064.

that “the stuff around relationship is stuff that we are not collecting.” The TRY programme stimulates relational repair through establishing safe, warm, trusting, respectful, supportive relationships with peer mentors. Interviewee 16 (TB) who professed to have obtained great relief from open, honest, confidential communication with the male staff, stated that groups of men and young fellas “don’t really open up”. Interviewee 17 (CLP) also commented on the value of holding safe spaces for people to speak freely and be heard, stating that “a lot of our clients, they’d never been listened to a day in their lives.” Positive relational experience with the peer mentors opens up an individual’s willingness to take relational risks elsewhere by engaging with services to address a particular unmet need (e.g. addiction, mental health etc.) and/or to acquire desired new education or training skills as part of a realistic, achievable plan for a better, more hopeful future.

TRY OUTCOMES – SOME SPECIFIC EXAMPLES

- 1) In terms of assisting individuals with unmet needs, interviewee 10 (CW) stated that she and the previous female TTM helped female beneficiaries with housing needs to put their names on the Housing List. TRY assisted a young mother whose partner died by suicide to access bereavement counselling. She would never have sought such counselling out herself. As discussed above, interviewee 16 (SB) was brought to his first GA meeting by TRY staff. Many other young people are involved in counselling arrangements to address issues such as anger management, psychosis, ADHD and addiction.

- 2) In terms of improvements in prosocial behaviour, outreach workers stated that they routinely challenge antisocial attitudes, racist beliefs and sexualised behaviour towards women. This is usually done on a one-to-one basis, due to the difficulties of male group dynamics, including “ego” and defensive posturing. Another demonstrable success relating to prosocial behaviour, referred to by interviewee 5 (SGM), occurred when a DCC official was in STG and TRY participants talked to him in a “kind of normal” manner. Prior to TRY the official “might have got something thrown at him” or received an earful of abuse. Interviewee 13 (DCC) confirmed that previously upon entering STG “you’d be in fear, but you couldn’t show it”, noting that “two years on, it’s a much more positive conversation.”

- 3) Regarding personal development and acquiring new skills, the SIF interim report states that three beneficiaries completed Driving Theory test courses, one person progressed and passed the full test, while 15 individuals accessed education programmes and have gained a Level 3 or higher QQI certs. Interviewee 7 (TTM) mentioned that one young man signed up for drama classes. While it might not be safe for him to publicise this, it was something he wanted to do and was a brave step in his process of self-discovery and growth. Interviewee 16 (TB) is currently in a CE scheme and hoping to study to become Youth Worker in due course. Some TRY females do HACCP (food safety) training, care skills or nail courses.

- 4) In terms of employment and training, Interviewee 11 (SGM) referred to the building site nearby, stating that there is a Community Benefit Clause in the builder's contract. Two male participants are on the Youth Employment Support Scheme (YESS) which tops up their Social Welfare. This helps the community see the young men "in a different light, working on the site." There is also one female from TRY on the YESS programme. Interviewee 17 (TB) described great excitement at the opportunity of getting three months' work experience on the building site. Working in construction has always appealed to her and she volunteered immediately when TRY were looking for YESS participants. The same interviewee plans to do a university Access course next year.

- 5) One of the participants engaged in Restorative Practices training and TRY staff are supporting him to become a peer worker. This young person has developed positively during the life of the project. The SIF funding has allowed staff to work intensively with him, encouraging and supporting him to desist from a previous destructive path. He has been accepted onto a third level course on youth work, which he hopes to avail of in 2021. This is just one example of how the infrastructural support, that SláinteCare has afforded the project, permits staff to work more intensively with the young people and bridge them into more constructive arenas.

- 6) Interviewee 16 (TB) alluded to intergenerational benefits of his participation in TRY. He stated that he had “not only grown in confidence but *grown up* too.” He became sensitised to his parenting responsibilities and expressed a desire to instil a respect for education in his children. He stated, “I’m going to make sure that I’ll be the first person at the school gates”. The value of an intergenerational approach to providing relational support and breaking the cycle of trauma and disadvantage at the individual and community cannot be underestimated. Interviewee 15 (HSE) stated that there are homes in Ireland where:

a bottle of milk and the bottle of methadone are on the table as soon as the baby is born. [...] I’m a big believer in supporting the pregnant woman. Adverse Childhood Incidences can actually begin in the womb. [...] Nobody knows the importance of nurturing the pregnant woman. [...] If your day-to-day experience is just *survival*, your development and that of your baby is not even on the radar. [...] A cradle to the grave approach is needed in community development.

- 7) TRY has been a triumph of interagency collaboration in an area that historically lacked coordinated focus and shared vision. According to TRY staff, the project has forged valuable working relationships with many local community and youth projects, including the STG Residents Committee, the STG Regeneration Board, SOLAS Youth Project, the Foróige Youth Justice Programme, youth training projects including CLP, Addiction Response Crumlin, Casadh Drug Rehabilitation Programme, Rialto Community Drug Team, St. James Hospital Psychiatry Team, local GPs, the Probation service, Kevin Street and Kilmainham Garda stations and a “host of other committed community activists, advocates for young people’s rights and professionals whose remit is to ensure a better quality of life for the cohort of young people we work with.”
- 8) Stakeholders identified several benefits to the wider community from the TRY project, which is part of a process that aims to provide “a sense of community building back up.” Interviewee 16 (TB) stated that, since TRY, there’s not as much ASB in STG and drug dealing is “on the verge of being completely gone.” He also described the TRY staff as having “great enthusiasm for the entire community”.

This assessment tallies with comments from interviewee 13 (STG resident), a man of 66 who lived his whole life in STG who stated that he likes the TRY project, describing it as “very good”. He emphasised the fact that the TRY staff were constantly visible in the flats and were trying to get the young people work. They also brought dinners to his home during the pandemic.

- 9) In Tobin’s evaluation of TRY, the community members interviewed were the most negative voices about the project.⁷⁰ Some expressed resentment at the money, time and energy being spent on young people who did not even live in the area. The general feeling among stakeholders was, however, that the project has resulted in considerable benefits to the community by moving people on from the corners into positive, prosocial activities. Regarding the community perception, interviewee 7 (TTM) stated that “they don’t really see a lot of the work that’s done because it takes place outside” the immediate STG area, bringing people to appointments, etc. He stated that at residents’ meetings when some of the older people complain about TRY participants, he is not prepared to get into the specifics about anyone’s business. “What they think is going on is very different to what’s going on.” According to interviewee 4 (SGM), although some residents might not think that ASB has gone away, “feelings of fear have been alleviated. Once they were being *heard*, they felt better. That feeling of being heard is very important and TRY is doing it well.”
- 10) In relation to praise from criminal justice agencies, interviewee 4 (SGM) stated “Justice loves TRY and asked [the team leader] how does he do it? Because *none of them* can do it.” Interviewee 5 (SGM) who is involved in various community safety structures stated that TRY is “heralded at the local policing forums.” The programme is viewed as totally innovative and is “not just moving the problem along”. By working *with* the young people, TRY is having “a real impact on people’s lives permanently.” According to interviewee 8 (SGM), one of TRY’s biggest achievements was organising football matches between “the lads and the Guards”. Indeed, a Community Garda testified to the positive relational impact of soccer matches between young men involved with TRY.

⁷⁰ Tobin, above note 57, 10.

11) Interviewee 4 (SGM) stated that TRY has received a lot of positive media coverage and backing. The media played a helpful role in drawing attention to project's effectiveness in working with individuals involved in harmful behaviours.⁷¹

G. CHALLENGES

Precarious funding was the number one challenge identified by stakeholders. Insecure funding gets in the way of maintaining trust and continuity of care. Short-term funding allocations mean that the continued existence of TRY is up in the air at the time of the evaluation.

"If TRY does not manage to leverage funds for 2021 then the project will need to cease operating at the end of December 2020."⁷²

Interviewee 15 (HSE) expressed optimism that SIF funding for 2021 would be forthcoming on the basis that TRY has successfully identified and tackled an "unmet need" in the area by fighting "for the rights of those young men". She stated: "I'd be shocked if the Sláintecare didn't come through", because TRY is a Sláintecare *model*: "it is integrated working." She also stated that regarding the future of TRY, she would like to see it secure three to five-year funding and a develop a plan accordingly.⁷³

In answer to a question as to what body, service or government Department should ideally fund TRY, e.g. the Department of Justice and Equality, DCC, the LDTF, Youth Services, Education, etc., interviewee 18 (former TTM) replied "*all* of them because it includes everything [...]. It helps with the Justice system. It'll help with the education. It's *all* interlinked." Interviewee 12 (DCC) agreed that TRY should secure funding from multiple sources. He stated "it's genuinely not *one* stakeholder. It's *everyone*. It's *us* as well. [...] I want my tenants to live in peace."

⁷¹ J. Little, "DCC says others must fund youth drugs project", 30/04/19, *RTE*, available at <https://www.rte.ie/news/dublin/2019/0430/1046637-drugs-dublin/>; A. Finnegan, "Calls to save successful youth intervention project", 01/05/19, *Newstalk*, available at <https://www.newstalk.com/news/calls-save-successful-youth-intervention-project-854376>; C. O'Keeffe, "Minister intervenes over funding crisis facing street project to tackle drugs and gangs issue" 18/07/19, *The Irish Examiner*, available at <https://www.irishexaminer.com/news/arid-30937944.html>

⁷² TRY, above note 58.

⁷³ E. Loughlin, "Charities to be funded on multi-annual basis, says minister" *The Irish Examiner* (26/10/20).



Connected to the precarious funding situation is the pressure on TRY staff to generate evidence of the project's effectiveness to satisfy funders. Stakeholders recognised that gathering data was important for accountability and improving practice going forward. However, getting the balance right between the heart-centred front-line work and the accumulation of data is difficult. While TRY might record engaging with 25 clients in a month, for example, in reality this could involve 130 separate engagements, of varying length, intensity and complexity.⁷⁴ Interviewee 4 (SGM) appreciated the need for evidence and evaluations but stated that the danger is that the project will become “great on paper” but lose what it set out to achieve. She did not want to see the team leader “become a researcher.” Interviewee 7 (TTM) stated: “we know individually what’s going on but have to reduce the work to numbers. It takes us off the ground. [...] The numbers for me don’t reflect the work that’s being done.”

A significant ethical challenge identified by interviewee 11 (SGM) related to continuity of care. Piece-meal funding and breaks in service provision can have negative ramifications for beneficiaries who suffer from the cessation of relational and bridging supports. This interviewee referred to a young male who engaged with TRY during the early stages who experienced serious relationship difficulties and escalation of mental health problems

when the project was disbanded due to expiration of funding. The same interviewee also mentioned that TRY is a “risky business” and there are always safety issues for staff due to their place of work being primarily in and around the STG flats where drug dealing occurs.

A final important challenge relates to the rights and needs of victims. One perspective given by residents is that bad behaviour is being rewarded. Some find it galling that TRY has helped some participants who have engaged in traumatic intimidation in the community to find work, education and social activities without being held accountable for the harm they have caused. Interviewee 11 (SGM) stated that TRY has a role in connecting the project and residents, repairing past harm caused. He mentioned that plans were afoot to incorporate restorative practices into the TRY model.⁷⁵ Incorporating restorative practices into the TRY approach is likely to enhance the scope for relational repair between individuals and the wider community.

⁷⁴ W. Ellis, K. Rogers & S. Baldauf (2020), “Fostering Equity: Creating Shared Understanding for Building Community Resilience”, available at <https://ccr.publichealth.gwu.edu/sites/ccr.publichealth.gwu.edu/files/pdf/Fostering%20Equity%20-%20Module%20III.pdf> . At 6, the authors discuss the limits of data and the difficulties of distilling the complexity of human experience down to numbers. They state: “Policymakers and local leaders who will be key partners in this work often require data to help describe an issue. Data are a form of currency that are used by lawmakers to support policy and shape budgets. While data can tell a story, it is not the entire story. You can paint a picture of inequity using numbers, but it is the stories behind those numbers that make them meaningful.”

⁷⁵ See <https://www.cdi.ie/training-consultancy/training-rp/>

H. EXPANSION AND REPLICATION: “THE TRY MODEL IS THE WAY TO GO”

The TRY project plans to expand into Basin Lane and the Oliver Bond flat complex. These areas were chosen because they are neighbouring communities in the south inner city and are similar, yet present “magnified” challenges. In the SIF grant proposal, TRY committed to expanding into these two locations in the final quarter of 2020. The majority of the SGMs were very keen on having TRY expand beyond STG. The concept behind expansion into neighbouring communities is of having an “area-based project.” At the time of writing the evaluation report, the SGMs decided to postpone expansion into the Oliver Bond flats until 2021, assuming that funding is provided in the interim.

According to TRY’s interim report to Pobal, initial contact with stakeholders in Basin Lane began in early 2020. Staff also began mapping the Basin Lane area and making initial contacts with identified young people. The pandemic slowed the progress on this milestone considerably during 2020 due to public health restrictions. The DCC housing area office has indicated that a base would be available to TRY, if further SIF funding permits expansion to continue as intended.

Interviewee 8 (SGM) was apprehensive about planned expansion due to the current resource levels. He felt that moving beyond STG might stretch staff too thin. He favoured a “light touch” approach into Basin Lane and postponement of expansion into Oliver Bond. His principal fear was that if TRY gets “too big, too fast” this would mean overstretching the staff and not fully being able to support young people. Interviewee 9 (CDSP) was also uneasy about expansion with current human resource levels. Her concerns were due to the existing commitment, time and effort put in to making TRY person-centred. She feared that the holistic approach might get lost with expansion, because “the time to give the intensive support” would be gone.

According to stakeholders, children upwards of ten years of age are being drawn into the drug trade in and around the Donore Avenue area. Regarding the desirability of expanding the TRY model to younger teens, which a number of stakeholders mentioned, interviewee 18 (former TTM) was enthusiastic, saying that she would love to see “something for all school-going kids” as there is a clear, identified need for holistic supports to help them reach their potential. Children and young people in the area have a right to, and a pressing need for, a well-funded, welcoming youth service in the area, as discussed in Part 1 above.

The conclusion to TRY's interim report to Pobal notes that:

There is a renewed confidence in the community of Donore Avenue and particularly among those residents who will be moving into the new DCC units. The 55 new units are located on the old site of the St Teresa's Gardens flat complex. Over the next few years, the local environment will be radically transformed, with new City Council housing, Social Housing as well as cost-rental and affordable housing schemes on the old St Teresa's Gardens site.

There is also planned, on the site, and all-weather, multi-sports playing pitch. There will also be the building of a new sports complex and boxing club. The future is looking bright for Donore Ave. TRY has played its part in building community resilience here. We want to continue contributing to this and to work with the most marginalised, hard-to-reach young people providing hope in a better future for themselves, their families and indeed their community.⁷⁶

Stakeholders expressed enthusiasm for replicating the TRY model in other deprived communities with similar ASB and drug-related problems. Interviewee 4 (SGM) stated that "TRY is a project and model that could be and should be used with communities with similar problems". Interviewee 11 (SGM) stated that he plans to do some webinars on IOB, aimed at the criminal justice system, Tusla and other potential partners and funders to "raise the profile" of the project and the model of engagement.

⁷⁶ TRY, above note 58.

7. CONCLUSION: TRY IS THE FUTURE

“It’s the future of a combined, collaborative approach. [...] We *can* turn people around, and they’ve not gone past *too far*.” *Interviewee 12, DCC*

While the TRY model operating in the Donore Avenue area does not claim to be a trauma-informed or responsive project, this evaluation reveals that staff do, in fact, intuitively attend to the six basic guiding principles of trauma-informed care, namely: (1) safety, 2) trustworthiness and transparency, 3) peer support, 4) collaboration and mutuality, 5) empowerment, voice and choice, and 6) cultural, historical and gender issues.⁷⁷

TRY is a special, heart-centred, healing-oriented project that gently and supportively steers beneficiaries away from ASB and the drug trade by assisting them to acquire a range of internal and external resources to comprehend and manage the inevitable stressors of life. TRY beneficiaries develop non-cognitive soft skills such as self-esteem, self-worth and belonging through participation in the project. TRY bridges individuals with complex needs into health services, education, training and work opportunities in accordance with their unique needs and goals, to enable to live their version of a good life. The bridging component of the IOB model assists people to safely develop and hone skills necessary for obtaining and maintaining mainstream purposeful employment.

Healthy coping strategies promoted by the TRY project include drawing on the healing power of interpersonal connection, promoting open, honest communication and meditation. Interviewees extolled the benefits of talking things out with peer mentors, trained counsellors and external services including addiction day programmes when problems crop up that interfere with health, relationships and day-to-day functioning.

Stakeholders unanimously agreed that the relational dimension is central to trust-building and the gradual process of positive change in the TRY model. It is essentially through improved relational health that beneficiaries locate a newfound confidence, maturity and a sense of agency. They come to believe that they not only deserve a better, healthier, personally meaningful future but have the power within themselves to work towards it, with encouragement and support from TRY and the external services with whom they engage.

Interpersonal connectedness helps individuals to feel a greater sense of connection to themselves as individuals. The unwavering respect, acceptance and compassion of TRY staff and external service-providers allows them to approach themselves with

⁷⁷ See https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

self-compassion and curiosity, as they welcome the enriching message that no-one is perfect, and all human beings are works in progress. Interviewee 16 (TB) stated he would do anything for the TRY staff, whom he credited with helping him to change his life for the better. While only he could decide to pursue his version of a good life, he could not do it on his own.

TRY is unique project grounded in relational repair, existential healing, hope and empowerment. Its strength resides in the fact that it is peer-led and offers the type of round-the-clock support to wounded people that is rarely forthcoming from mainstream services. By moving young people who were previously involved in ASB, poly-drug use and crime away from these behaviours into health and supportive prosocial activities, the wider community ultimately benefits by way of a safer society with greater harmony.

TRY's mentor-led IOB model is a promising practice employing a relationship-based, holistic, person-centred approach that is not restricted by presenting issue or geographical boundary. The project, therefore, provides a "shared benefit" to a wide range of diverse stakeholders (including, but not limited to the HSE, the Department of Health, the local Drugs Task Force, Dublin City Council, the City of Dublin Youth Service Board, the Department of Justice and Equality, the Department of Children, Equality, Disability, Integration and Youth, the Department of Education, the City of Dublin Education and Training Board and the Department of Housing).

In terms of the Sláintecare programme, the alignment to the TRY project is clear.

TRY improves the health outcomes for participants, their households and their community by 'Promoting the engagement and empowerment of citizens in the care of their own health' epitomising the delivery model of the 'right care in the right place at the right time by the right team'.

8. RECOMMENDATIONS

- 1) The named stakeholders should take shared responsibility to ensure the continued existence of TRY by providing adequate funding for its continuance and growth.
- 2) Core funding for TRY should be allocated for a three to five-year period.
- 3) TRY should expand into Basin Lane and the Oliver Bond flats as planned, on condition that adequate funding is provided for 2021.
- 4) TRY should incorporate Restorative Practices into engagements with victims and the wider community in an effort to repair past harm caused by TRY beneficiaries.
- 5) TRY staff should receive training about the neurobiological and intergenerational impacts of adversity and trauma on health, relationality and functioning at an individual, familial and community level.
- 6) The TRY model should be replicated by community projects aiming to facilitate recovery from addiction and desistance from crime among vulnerable individuals negatively impacting community safety whom mainstream services fail to adequately serve.
- 7) An appropriate service should be funded to engage in intensive outreach and bridging with under 14s in the Donore Avenue area. At a minimum, there is a need for a well-funded, welcoming Youth Service in the area.
- 8) Holistic, strengths-based, ACE-aware, trauma-responsive early years' services should be a core component of every multi-agency community safety and public health agenda.

APPENDIX A:

SLÁINTECARE INTEGRATION FUND – MONTHLY PROJECT REPORT

Sláintecare Integration Fund - Monthly Project Report																															
Project Name		Doherty Community Drugs Team CLG		Current Period		Month		Year		Nov		2020		R		Off Track - Major															
Project Number		2		Project Status										A		Off Track - Minor															
Project Milestones		Tasks		Target month		Dec '19		Jan '20		Feb '20		Mar '20		Apr '20		May '20		Jun '20		Jul '20		Aug '20		Sep '20		Oct '20		Nov '20		Dec '20	
Actions																															
Action 1. Coordination of Staff Team including appointment of a full-time Team Leader and part-time outreach worker and the recruitment of two part-time staff.	Appoint Team Leader		Oct-19		Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	
	Appoint Part-time Outreach Worker		Oct-19		Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
	Recruitment of two Part-Time Outreach Workers		Nov-19		Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
	Develop an approach to peer working and in-group mentoring.		Nov-19		On Target	On Target	On Target	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold								
Action 2. Identify and meet with target groups and establish trust with the group	Identify young men target group		Already existing		On Target	On Target	On Target	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold									
	Develop engagement with children group in orbit, in partnership with CDYSB		Oct-19		On Target	On Target	On Target	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold								
	Develop engagement with girls group in orbit		Nov-19		On Target	On Target	On Target	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold								
	Plan and deliver monthly group outings/ activities for each of the groups		Dec-19		On Target	On Target	On Target	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold								
Action 3. Conduct Outreach and one-to-one work	Identify suitable engagement spaces, with secure access and use by TRY project		Jan-20		On Target	On Target	On Target	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold									
	Conduct intensive outreach to ensure ongoing commitment to engagement		Dec-20		On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target
	Continue to work with individual's participants from the men's group to identify needs and specific responses		Dec-20		On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target
	Continue to work with individual's participants from the women's group to identify needs and specific responses		Dec-20		On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target
	Work with individual's participants from the under 18's group to identify needs and specific responses		Dec-20		On Hold	On Hold	Off Track - Minor	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold								
	Carry out appropriate short, medium, and long-term planning for individual needs		Dec-20		On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target
Action 4. Building community and individual resilience	Effectively intervene with participants at chaotic times		Dec-20		On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	
	Attend meetings of Residents Group		Monthly ongoing		Off Track - Minor	Off Track - Minor	Off Track - Minor	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold									
	Develop a Restorative Practice response		Sep-20		On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	Completed
Action 5. Establish ongoing partnerships with relevant stakeholders Date to be completed by	Plan and develop community events through the TRY Groups		Aug-20		On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	
	Continue to map services in the geographical area, health, education, training, employment		Dec-20		On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target
	Facilitate engagement by the young person from the point of entry to a service		Dec-20		On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target
	Develop sustainable relationships with key service providers to ensure tailored responses		Dec-20		On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target
Action 6. Develop the project as an independent entity with accompanying governance and HR structures and sustainable funding pathways	Establish a link with agencies already engaged with under 18's		Jan-20		On Hold	On Hold	On Target	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold	On Hold									
	Engage in structures operating at household level as appropriate		Dec-20		On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	On Target	
	Explore options for establishing TRY as an independent project		Mar-20		Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	
Action 7. Evaluate the expansion of the project within St Teresa's Gardens (STG) and expand the project beyond St Teresa's Gardens	Confirm future configuration		Aug-20		Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started		
	Evaluate the project in STG		Aug-20		Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started		
	Extend the project to two adjacent communities that share similar challenges (E.g. Basin Lane Flats and Oliver Bond Flats)		Dec-20		Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started	Not Started		